



BERTRAM LIBRARY

JOANN COLE MITTE MEMORIAL LIBRARY

Parental Consent form for Volunteers Under 18 Years of Age

Date: _____

Name of Applicant: _____

Name of Parent or Legal Guardian: _____

Contact Information:

Address: _____

Phone Number: _____

Email Address: _____

I, _____, am the parent or legal guardian of _____

and give permission for him/her to volunteer at the Bertram Library.

Parent/Legal Guardian Signature: _____ Date: _____

I understand that I am making a commitment to work my assigned time. If I am unable to work, I will
Notify the Library immediately. If I no longer want to volunteer, I will notify the Library director.

Volunteer Signature: _____ Date: _____

Bertram Library
170 N. Gabriel St, Texas 786005
512-355-2113
Bertramlibrary.org