



Indian Prairie Public Library

Teen Summer Reading Volunteering Permission Form

Name of Volunteer : _____
First Last

Preferred Pronouns: She/Her He/His They/Their Other (please specify) _____

Volunteer Library Card Number: _____

Email: _____

Cell Phone: _____

Do you use the Remind app? Yes No

Would you like to join the SRP Volunteers Remind classroom? Yes No

Where do you attend school? _____

Grade Level: _____

Are you at least age 13? _____

Which programs are you interested in volunteering for?

- Chess Club
- Program Volunteer
- Mission Math
- Reading Buddies
- Table Volunteering

By signing this form I attest that I am the parent or guardian of the above individual, and that I acknowledge and give my permission for them to participate in Summer Volunteering at the Indian Prairie Public Library.

Name (please print)

Signature

Date