



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