



Kenton County Public Library  
Volunteer Parental Consent Form  
Required for volunteers under 18 years of age

**Name of volunteer:** \_\_\_\_\_

My son/daughter has my permission to work as a volunteer at the Kenton County Public Library.

Parent/guardian signature: \_\_\_\_\_

Phone:  
(hm) \_\_\_\_\_

(wk) \_\_\_\_\_

(cell) \_\_\_\_\_

Alternate contact if you cannot be reached in case of an emergency:

Name: \_\_\_\_\_

relationship to minor: \_\_\_\_\_

Phone:  
(hm) \_\_\_\_\_

(wk) \_\_\_\_\_

(cell) \_\_\_\_\_

Please bring a signed copy of this with you to the volunteer interview.