



Dear Parent,

In signing this permission slip you are giving your teen permission to help out at the Lodi Memorial Library after school and/or during the summer. We welcome volunteers from ages 12 to 17. Their help will consist of some/all of the following: straightening shelves/toys, shelf reading, shelving books and assisting with programs.

We encourage you to help your child realize the commitment that they are making. Each child must also sign a volunteer agreement. We ask that you review the agreement with your child before signing the permission slip. The Library provides letters confirming service hours for volunteers in good standing. Please allow 3 days from the date of the request.

We thank you for your permission and we thank you for your time.

Sincerely,

Emily Abramenko

Email: Emily.Abramenko@lodi.bccls.org

Phone: 973-365-4044 x4

I give my permission for my child, _____,

to volunteer at the Lodi Memorial Library.

Printed Name: _____

Signature: _____ Date: _____

Phone Number: _____

E-mail: _____