

**For your child to be a volunteer in our library, we need your consent and your assistance to allow for your child to have a positive volunteering experience. If you are willing to allow your child to volunteer in our library, please sign the following consent form.**

**Soochow University Library**

**Soochow University Library Volunteer Service Parent (Guardian) Consent Form**

I understand that my child \_\_\_\_\_ intends to take on volunteer work, and hereby agree for him/her to volunteer at your library upon being hired. I understand that he/she will have to go through a suitable orientation and training process to ensure workplace safety and performance and to ensure that he/she meets all the necessary workplace requirements, including timely and regular attendance and **compliance with library rules and regulations**. I am willing to take responsibility for any accident resulting from non-compliance with regulations.

Sincerely,

Soochow University Library

Name of Parent/Guardian: \_\_\_\_\_ ( Signature )

Relationship:

Parent's Identification Number:

Contact Number/Mobile number:

Date: