

## Parental consent form for library volunteers aged under 16

**Name of volunteer:**

**Library volunteering at:**

**Role volunteering for:**

**Medical information:**

Condition	Further details (factors to be aware of)

**Name of parent / carer:**

**Address:**

**Telephone:**

**Email:**

I agree that personal data relating to me which has been obtained by Oxfordshire County Council, including the personal data given by me on this form, may be held and processed either on computer or in manual records and may be disclosed to officers and authorised employees of the Council and used by the Council for any purpose relating to voluntary work for the Council.

If you would like more information, a task description is available at <https://www.oxfordshire.gov.uk/libraries> and a risk assessment can be provided by the Library Manager.

By signing this form you undertake that the information you have provided is true and accurate to the best of your knowledge.

Thank you

Signed	Date
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