



# Hagley MUSEUM AND LIBRARY

I, the parent/guardian of

\_\_\_\_\_ (youth's name printed)  
am aware that my son/daughter is applying to be a volunteer at Hagley Museum and Library and give my permission for them to apply, interview, and spend time volunteering at Hagley Museum and Library.

I understand that I am welcome and encouraged to attend the interview and to contact the Coordinator of Volunteers at any time with questions or concerns.

Parent/Guardian name printed: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Contact information of Parent/Guardian in case of an emergency.**

Daytime phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Hagley may want to contact your teen via texting. Would this be acceptable? Yes \_\_\_ No \_\_\_  
If Yes, please give your phone carrier (ie, Verizon, Sprint, etc.) \_\_\_\_\_

Complete this form and bring to the interview, have your child to bring to the interview, or mail it to:

Angela Williamson  
Coordinator of Volunteers  
Hagley Museum and Library  
PO Box 3630  
Wilmington, DE 19807

If you have questions contact Angela Williamson at:

302-658-2400 ext. 257  
awilliamson@hagley.org