

**Berkeley Public Library • Student Friends**  
**PARENT/GUARDIAN PERMISSION STATEMENT**

**Children who will be entering grades 6, 7, or 8 in the fall are eligible to volunteer for a total of four hours as a STUDENT FRIEND at Berkeley Public Library.**

Under the supervision of the children’s staff, a Student Friend helps with a variety of tasks. Examples of these tasks are: helping younger children participate in the Summer Reading Program, stamping books, cutting out material for craft projects, sorting paperbacks, coloring posters, recommending favorite books, and other simple library tasks. In order to ensure supervision, Student Friends will be asked to work only at hours when the library has sufficient staff. These times will vary by different library sites.

Visit the library site where you would like to volunteer for details on when you can sign up and start.

To complete the program and receive a certificate of completion and a thank you gift, each Student Friend must work four hours. Because of the number of children involved in this program, there is a limit on the number of children who can volunteer at any one time. Additional volunteers will be taken as space opens up. Every one of the public library children’s rooms in Berkeley has Student Friends; the entire four hours must be worked in the same location.

If you would like to be a Student Friend, please have your parent or legal guardian fill in the bottom of this form. Bring this form with you when you come to sign up for the Student Friends program. If your parent or guardian has questions about the program, please have him or her call the location where you plan to be a Student Friend. The phone numbers are listed below. Thanks for your cooperation and support! The Student Friends are an important part of our summer.

Central Children’s Library 📖 (510) 981-6223

Claremont Branch 📖 (510) 981-6280

South Branch 📖 (510 ) 981-6260

North Branch 📖 (510) 981-6250

West Branch 📖 (510) 981-6270



*I certify that I am the parent / legal guardian of \_\_\_\_\_.*  
*(please print child’s name here)*

*I have read the above information. I understand that my child is not covered by Worker’s Compensation while volunteering at the library, and I authorize the named child to participate in the Student Friends program.*

Date \_\_\_\_\_  
(Your signature here)

Phone # \_\_\_\_\_  
(Please print your name here)

Parent phone # *day* (if different from above) \_\_\_\_\_

We take pictures of the Student Friends for our “Thank You Student Friends” Bulletin Board and for use in library promotional materials.

Please check here if you do **not** want your child to be photographed.