

Your Ref: Parental Agreement  
My Ref: Parental Agreement  
Email: susan.sherman@cambridgeshire.gov.uk

# SUMMER READING CHALLENGE

Community Library Assistant

Dear Sir/Madam,

## Summer Reading Challenge Volunteer 2024

\_\_\_\_\_ has kindly volunteered to help with Marvellous Makers  
Summer Reading Challenge at \_\_\_\_\_ Library this summer.

Their duties will involve:

- Registering children who wish to take part in the Reading Challenge.
- Talking to children about the books they have read and recording the details.
- Assisting with simple craft activities.
- Handing out activity sheets and stickers.
- Assisting library staff by carrying out library tasks, as and when required

\_\_\_\_\_ will be supervised by library staff at all  
times and will not be asked to lift heavy items.

Please notify us if \_\_\_\_\_ is unable to attend on any day.  
Please note, we reserve the right to end this agreement with immediate effect if for any reason  
\_\_\_\_\_ does not abide by the volunteer code of conduct.

Whilst we cannot offer any remuneration, we will acknowledge their contribution by letter to the  
Head Teacher in September.

If you are happy with these terms, please sign and return the reverse of this sheet. Please do not  
hesitate to contact me if you require any further information.

Yours Sincerely

Sue Sherman

Community Library Assistant

Dear \_\_\_\_\_

I / we have read the terms and conditions set out in the attached **Parental Agreement** letter and agree that \_\_\_\_\_ can work in a voluntary capacity at \_\_\_\_\_ Library this summer as a Summer Reading Challenge helper.

**I give permission for photographs taken of my child to be used for promotional purposes, including social media, within Cambridgeshire County Council.** YES NO

**I give permission for my child's contact details to be kept for 12 months to be used for future volunteering opportunities.** YES NO

**Please list any preferred sessions for your child to volunteer:**

**Mon** am pm                      **Tues** am pm                      **Wed** am pm  
**Thur** am pm                      **Fri** am pm                      **Sat** am pm  
**Sun** am pm

Please list any holiday date(s) not available to volunteer:

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Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Contact phone / e-mail : \_\_\_\_\_

**Please return this agreement to the library where your child has offered to volunteer.**



Thank you.

