



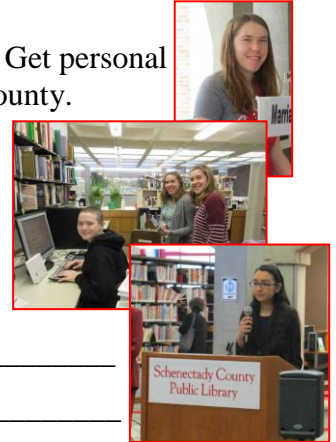
# Junior Friends of Schenectady County Public Library

Fun, Service, and membership in a nationally recognized service organization await you as a member of The Junior Friends of Schenectady County Public Library\*.

Get involved through your membership. Get active through community service. Get personal satisfaction knowing you are supporting libraries and literacy in Schenectady County.

If you are a youth 13 – 18 years of age, the Junior Friends is for you!

Membership contribution: \$5.00 payable to Friends of SCPL  
Mail to: *Treasurer, Friends of SCPL, 99 Clinton Street, Schenectady, NY 12305*



Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
School \_\_\_\_\_

I am interested in volunteering: Yes\_\_\_ No\_\_\_ (If Yes, please ✓ what would interest you.)  
Book sales \_\_\_\_\_ Whitney Book Corner \_\_\_\_\_ Online books \_\_\_\_\_  
Friends programs \_\_\_\_\_ Special Projects/Publicity \_\_\_\_\_

\_\_\_\_\_  
(Signature of Youth) (Date)

### Parental Consent

I, \_\_\_\_\_ hereby give my permission for my  
(Parent/ Guardian Name)  
son/daughter \_\_\_\_\_ to join Junior Friends of the Library and volunteer .  
(Name of Youth)

\_\_\_\_\_  
(Signature of parent/guardian) (Date)

### Media Release (parent/guardian – please *initial* one of the following statements)

\_\_\_\_\_ I *give permission* for my son/daughter to appear in Friends print/nonprint media.  
\_\_\_\_\_ I *do not give permission* for my son/daughter to appear in Friends print/nonprint media.

### Parent contact information

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

### Medical Information

Please note any medical conditions or allergies your child may have in order to help us ensure his/her safety: \_\_\_\_\_  
\_\_\_\_\_

\*Sponsored by the Friends of Schenectady County Public Library