

PARENTAL PERMISSION WAIVER

TEEN LIBRARY VOLUNTEER (17 Years & Younger)

VOLUNTERER NAME, PRINTED: _____

DATE: _____ LIBRARY LOCATION(S): _____

I, (PARENT/LEGAL GUARDIAN) _____, GIVE PERMISSION FOR MY CHILD OR LEGAL CHARGE (FULL NAME) _____ TO VOLUNTEER WITH THE METROPOLITAN LIBRARY SYSTEM.

I understand that my child/legal charge will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. My child/legal charge will be expected to meet all the requirements of the position, including regular attendance and adherence to the Metropolitan Library System of Oklahoma County (MLS) Code of Conduct, policies, and procedures. My child/legal charge will report to a library supervisor, but may work independently as part of their duties within the library.

I understand that by volunteering my child/legal charge will be accessing an internet based program as part of our reading program and may have access to other internet sites.

Photograph(s), audio, or video(s) of my child/legal charge (circle one) may be used by the Metropolitan Library System of Oklahoma County for publicity purposes in newspaper/TV/radio ads, on the MLS website and social media accounts. I understand MLS will identify my child/charge by first name only, and no other information will be released to the media or published in any internal publication without authorization from me. Volunteers posting on personal social media accounts on behalf of the MLS will follow the MLS Guidelines of Employees' Use of Public Internet Communication.

I understand that my child/legal charge will receive immediate and appropriate medical treatment in the event of an accident or injury while volunteering, and I understand that the library is not financially responsible for charges incurred. MLS is not responsible for providing ongoing or regular medical treatment for my child/legal charge while volunteering. MLS cannot guarantee an allergen free environment.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____

Phone: _____ E-mail: _____

Please FAX to 405-606-3735, e-mail to volservices@metrolibrary.org or take to your library supervisor. This must be completed before volunteering.