

PARENTAL PERMISSION WAIVER

TEEN LIBRARY VOLUNTEER (17 Years & Younger)

VOLUNTEER NAME, PRINTED: _____

DATE: _____

LIBRARY LOCATION(S): _____

I, _____, GIVE PERMISSION FOR MY CHILD
PARENT / LEGAL GUARDIAN

OR LEGAL CHARGE _____, TO VOLUNTEER
CHILD / LEGAL CHARGE FULL NAME

WITH THE METROPOLITAN LIBRARY SYSTEM.

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.

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.

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.