

PARENT CONSENT FORM

Teen Volunteer Name

Parent/Guardian Name

Address

Phone: (Home) (Work) (Cell)

E-Mail (If checked regularly)

I give permission for my child _____ to be a teen volunteer for Arapahoe Libraries. If accepted as a volunteer, I understand they will be provided with orientation and training necessary for the safe and responsible performance of their duties and they will be expected to meet all the requirements of the position, including regular attendance and adherence to Arapahoe Libraries policies and procedures. I understand that they will not receive monetary compensation for the services contributed. I will support them by respecting their volunteer commitment and providing transportation if needed.

In case of emergency, please contact:

| Name | Relationship | Phone |
|------|--------------|-------|
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As part of their work in the library, I understand that my child may be photographed. I hereby grant Arapahoe Libraries permission to use photographs, motion pictures, audio tapes, video tapes or televising of my child, or statements made by them, in any publicity, advertising, website or other similar materials. I understand this may involve placing their photograph on promotional materials for an indefinite period of time. I further understand that their name may or may not be displayed.

I also agree that there will be no compensation for the use of my child's photograph.

I hereby release Arapahoe Libraries from any liability in connection with the making, publication, distribution or other use of such materials.

Signature Date

Please return this completed form to the Volunteer Contact at the library in which your teen wishes to volunteer. If you have questions about our Teen Volunteer Program, please contact the Volunteer Coordinator at 303-792-8960.

