



## Parental Consent Form

Branch: \_\_\_\_\_

### Teen Volunteer Information

Name of Teen: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Parent/Guardian Information

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Teen: \_\_\_\_\_

The above-named teen volunteer has my permission to volunteer for the Adams County Library at the above referenced branch location. I understand that they may be assisting with various library tasks under the supervision of library staff.

The Adams County Library may take photographs or videos of your child during their volunteer service. These images could be used for promotional purposes, such as on the library's website, social media, and in newsletters, without further consent or payment. Please indicate your preference below:

☐ I **consent** to the use of my child's photograph or video for promotional purposes.

☐ I **do not consent** to the use of my child's photograph or video for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_