

**PARENT GUARDIAN/CONSENT FORM**

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, Hereby give my consent for him/her to participate as a volunteer in the Leon County Volunteer Center Program. I understand that he/she must comply with the following:

- A volunteer must participate in an orientation/training prior to beginning volunteer service at the Library.
- A volunteer must work out a weekly schedule of volunteer hours with the department in which the volunteer is assigned.
- A volunteer is expected to be faithful in honoring his/her commitment; in the event that the volunteer is not able to work on a day assigned, he/she will notify the assigned department.
- A volunteer must be supervised by a county employee.
- A volunteer must follow all safety regulations pertaining to the volunteer job.

I also understand that, should he/she fail to comply with the guidelines or fail to keep a commitment without advance notice, participation in the program will be re-evaluated.

I do hereby grant and convey unto VolunteerLEON-Leon County Volunteer Center all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of VolunteerLEON-Leon County Volunteer Center, or made with its consent, during my volunteering with the LeRoy Collins Leon County Public Library and/or any project, activity, or event sponsored, managed, arranged, or promoted by or otherwise affiliated or associated with VolunteerLEON-Leon County Volunteer Center, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. \_\_\_\_\_ (initials)

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_