



## Parental Permission Form

I have read the Volunteer Job Description and I give permission to (print child's name) \_\_\_\_\_ to volunteer at the Cleveland Heights – University Heights Public Library. Your child will be under the supervision of a designated Library Staff member while performing his/her volunteer assignment.

I give \_\_\_\_\_ I do not give \_\_\_\_\_ permission to the Library to publish my child's name in the Library's internal employee newsletter, INFORMnet to recognize and communicate his/her volunteer activities and contributions.

If you have any questions about the Volunteer Program, please contact the Administration Office, at 216-932-3600, x #287, Heather Howiler.

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

\_\_\_\_\_  
Date