



**Chesea District Library  
Youth Service Group  
2008 Summer Reading Program Volunteers**

Name:	
Address:	
City & Zip:	email:
Home Phone:	Emergency Phone:
Birth Date:	Grade in fall 2008: (7 <sup>th</sup> & up)

I give permission for my child \_\_\_\_\_ to be a 2008 Youth Service Group volunteer at the Chelsea District Library.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I give Chelsea District Library permission to publish and use the photographs they have taken of my child, named above, for editorial, illustration, advertising or trade purposes. I grant these rights to Chelsea District Library, their photo agency, and agents.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date