

T.E.A.M. Future Bankers

TRAINING, EDUCATING AND MENTORING

Intern Information Form

This information is confidential and is for program use only.

Name: _____

Address: _____ City/Zip: _____

Bank Name and City: _____

High School Name and City: _____

What year will you/did you graduate? _____

1st year intern? _____ 2nd year intern? _____

Dear Parent / Guardian:

The T.E.A.M. Future Bankers summer internship program requests that parent(s) or legal guardian(s) fill out and return a signed consent form regarding use of your child's name or image in public media in reference to the T.E.A.M. Future Bankers program.

Public media may include public newspapers; the Independent Community Bankers of Minnesota (ICBM) and Pohlad Family Foundation (PFF) websites; and ICBM or PFF print publications.

Permission must be received from parent(s) or legal guardian(s) for a student's name or image to be used in any of these media. Participating interns who are 18 years of age may sign their own consent forms. ALL interns are required to return their completed and signed forms.

Check only **ONE** of the following:

- ☐ I **CONSENT** to use of recognizable photo(s)/image(s), names, and all other personal identifiers of my child on the ICBM and/or PFF public Internet web pages; in ICBM and/or PFF print publications; in public newspapers; and on network/cable television and radio.
- ☐ I **CONSENT** to use of recognizable photo(s)/image(s) **without** any other personal identifiers of my child on the ICBM and/or PFF public Internet web pages; in ICBM and/or PFF print publications; in public newspapers; and on network/cable television and radio.
- ☐ I **CONSENT** to use of **ONLY** my child's name and other personal identifiers of my child on the ICBM and/or PFF public Internet web pages; in ICBM and/or PFF print publications; in public newspapers; and on network/cable television and radio.
- ☐ I **DO NOT CONSENT** to use of recognizable photo(s)/image(s) and/or any other personal identifiers of my child on the ICBM and/or PFF public Internet web pages; in ICBM and/or PFF print publications; in public newspapers; and on network/cable television and radio.

Please refer to the
student as *the son/daughter of* _____
(Print the parent/guardian name(s), if applicable.)

Relation to student _____

Parent/Guardian Signature _____

Please return the completed form by **June 1** to

T.E.A.M. Attn: Kathy Burton

FAX to **651-687-9387**, or mail to:

ICBM 2001 Killebrew Drive, Suite 350
Bloomington, MN 55425

Independent
Community Bankers
of Minnesota®

Always with you. Always for you.®