

# Youth Volunteer Emergency Contact and Consent Form

Please print and complete this form. This information is required before the youth volunteer can begin their service.

## 1. Youth Volunteer Information

Volunteer Full Name:

Date of Birth (MM/DD/YYYY):

Home Address:

City, State, Zip Code:

Volunteer Phone Number:

Volunteer Email Address:

## 2. Parent / Guardian Information

Parent/Guardian Full Name:

Relationship to Youth:

Primary Phone Number:

Alternative Phone Number:

Parent/Guardian Email Address:

## 3. Alternative Emergency Contact

*Contact to be notified if the Parent/Guardian listed above cannot be reached:*

Emergency Contact Full Name:

Relationship to Youth:

Emergency Contact Phone Number:

## 4. Medical Information

Known Allergies (Food, Drug, Environmental):

Current Medications or Health Conditions:

Health Insurance Provider:

Policy / Group Number:

## 5. Consent and Liability Release

I hereby give permission for the youth volunteer named above to participate in volunteer activities. I understand that the volunteer activities may involve physical labor, working with tools, or other active tasks. I release the organization, its staff, and its affiliates from any liability for personal injury, illness, or property damage resulting from participation in volunteer activities.

In the event of a medical emergency, I hereby authorize the organization to secure necessary medical treatment for the youth volunteer if the parent/guardian or alternative contact cannot be reached.

Printed Parent/Guardian Name:

Parent/Guardian Signature:

Date Signed (MM/DD/YYYY):