

Youth Volunteer Parent Consent and Authorization Form

Please complete this printable form to authorize your child's participation as a youth volunteer. Fill out all sections clearly.

1. Youth Volunteer Information

Full Name of Youth:

Date of Birth (MM/DD/YYYY):

Age:

Home Address:

Phone Number:

Email Address:

2. Parent / Guardian Information

Parent/Guardian Full Name:

Relationship to Youth:

Primary Phone Number:

Alternative Phone Number:

Email Address:

3. Emergency Contact (If parent/guardian cannot be reached)

Emergency Contact Name:

Relationship to Youth:

Emergency Phone Number:

4. Medical Information and Release Authorization

Please list any medical conditions, food allergies, or physical limitations we should be aware of:

In the event of an emergency, I hereby give permission to the organization staff and medical professionals to secure proper medical treatment for my child.

Health Insurance Provider:

Policy or Group Number:

5. Consent and Liability Waiver

I, the undersigned, certify that I am the parent or legal guardian of the youth volunteer named above. I hereby give my consent for my child to participate in the volunteer activities and programs. I understand that volunteering may involve physical activity, travel, or other active tasks. I agree to release, indemnify, and hold harmless the organization, its staff, and coordinators from any and all liability, claims, or demands arising out of my child's participation.

I also grant permission for the organization to use photographs or video recordings of my child taken during volunteer activities for educational, promotional, or informational purposes.

6. Acknowledgement and Signature

By signing below, I acknowledge that I have read, understood, and agree to all the terms, waivers, and authorizations outlined in this document.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date Signed (MM/DD/YYYY):