

Parental Consent Form for Youth Volunteers

Please complete this form to grant permission for your child to participate in our youth volunteer program. This form is designed to be printed and filled out.

Volunteer Information

Volunteer's Full Name:

Date of Birth (MM/DD/YYYY):

Address:

Phone Number:

Parent / Guardian Information

Parent/Guardian Full Name:

Relationship to Volunteer:

Phone Number:

Email Address:

Emergency Contact (If parent/guardian cannot be reached)

Emergency Contact Name:

Relationship to Volunteer:

Emergency Contact Phone:

Liability Release and Consent

I, the undersigned, hereby certify that I am the parent or legal guardian of the youth volunteer named above. I give my consent for them to participate in the volunteer program. I understand the activities involved and release the organization from any liability resulting from participation. In the event of an emergency, I authorize the organization to seek medical treatment for my child.

Do you consent to photo/video release for promotional purposes? (Type YES or NO):

Authorization

By typing your name below, you acknowledge and agree to the terms of this consent form.

Parent/Guardian Signature (Type Full Name):

Date (MM/DD/YYYY):