



Youth Volunteer Release Form

If you are under 18 you must fill out and sign both pages of this release form with your parent or guardian. **Minors without a signed release form will not be permitted to participate in any activities.**

What group are you volunteering with? _____

Youth's Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Age: _____

Youth Volunteer Agreement

I would like to volunteer my services to Youth Haven. These services are performed by my own free choice.

I agree to fulfill my volunteer responsibilities to the best of my ability and to abide by the safety and work standards established by Youth Haven and its staff. I understand that if I do not follow these guidelines I may no longer be able to volunteer at Youth Haven.

I understand that there are some risks of physical injury involved in my volunteer assignment and I will study, understand and avoid any and all dangers. I will not accept any work assignment I feel I am not qualified or prepared for.

I understand that I am going to have fun, work hard, and make a difference! I am ready to learn more about Youth Haven's ministry and how to reach out to disadvantaged youth in my community. I understand that pictures of me taken while learning, working, and having a blast may be used in brochures, videos, etc.

Youth Volunteer Signature: _____ Date: _____

Please have your parent/guardian fill out and sign the second page of this form.

Parent/Guardian Permission

To participate in a service project at Youth Haven your child must have your written permission. Please fill out the form below.

Release

I understand that each project or activity will involve the normal level of risk associated with the project assigned. Service projects may include grounds work, light facility maintenance, office work, etc. I hereby release Youth Haven and employees from all claims and liabilities of any nature arising out of my child's participation in any aspect of the volunteer program. In the event my child is photographed or videotaped while participating in a Youth Haven project, the photo or videotape may be used by Youth Haven to promote the organization and its mission.

Medical Care Authorization

I attest that my child named below will be in good health on the dates he/she is volunteering. In case of medical emergency, after every reasonable effort has been made to contact me, the family physician, or relatives or friends named below, I hereby give my permission to the physician secured by the adult in charge of the volunteer activities to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

Parents'/Guardians' Responsibility

I will take the responsibility to see that my child is properly prepared for all activities including: having appropriate clothing and being in good health. I will inform the supervising adults of any particular physical, mental, social or other condition of my child of which the supervisor should be aware.

I _____ give permission for _____
(Print Parent/Guardian's Name) (Print Youth's Name)

to participate in volunteer services at Youth Haven.

Home Phone: _____ Work Phone: _____

Every precaution will be taken to keep your child safe. Please list below any medical information that would be needed in case of an emergency:

Person to contact in case of an emergency: _____

Phone: _____

Family Physician: _____ Phone Number: _____

If requested, I give permission to Youth Haven staff to provide Ibuprofen or Benadryl: Yes _____ No _____

I have read, understand and agree to the above statements:

Parent/Guardian Signature: _____ Date: _____