

PARENTAL/LEGAL GUARDIAN CONSENT FORM

(for minors under the age of 18)

I hereby give consent for my son/daughter, _____, to serve as a volunteer in The Wesley Communities system.

I understand that my child needs to present a copy of their flu vaccination record as part of the volunteer application process.

I understand volunteering with The Wesley Communities involve sa commitment on the part of my child to work in a designated service area in a regular and responsible manner. I will assist in providing reliable transportation if necessary. I understand my child is responsible for corresponding with the Volunteer Coordinator in a timely manner regarding any scheduling changes, sick/vacation leaves or questions.

I realize The Wesley Communities cannot be responsible for my child after he/she leaves the building or for any personal belongings.

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. In the event of an emergency if you are unable to reach me at the following numbers, contact the emergency contact below:

Parent Home Phone _____

Parent E-Mail _____

Parent Cell Phone(s) _____

Emergency contact other than parent:

Name _____

Phone _____

I understand that as a volunteer my child is not entitled to any pay, compensation or employee benefits of any kind, including worker's compensation and health insurance.

I take full responsibility for any and all actions of my child during his/her volunteer service.

I release and agree to indemnify and hold harmless The Wesley Communities from any and all liabilities related to or arising from my child's service as a volunteer, even if arising from negligence, to the fullest extent permitted by law. I also agree that I will assume all costs and expenses (including medical care costs) associated with any injury related to or arising from my child's service as a volunteer.

Signature

Date

Printed Name

Telephone: _____

E-Mail: _____

Home Address: _____
