



VOLUNTEER Parental / Guardian Consent Form For under age 18 yrs old

Dear Parent or Guardian,

We are excited about your child/dependent's interest in volunteering with Regeneration Outreach Community. This form is to be filled out before the commencement of volunteer duties with Regeneration Outreach Community. It is the applicant's responsibility to notify/update appropriate supervisors of any changes of information.

Please understand the following:

- I understand that all volunteers under the age of 18 must have parental/guardian consent in order to volunteer.
- I accept the responsibility for my child/dependent's safety and security and personally undertake to have my child/dependent act in a responsible and safe manner as well as to adhere to the volunteer code of conduct.

As a volunteer for Regeneration Outreach Community:

- I will work to fully understand my role and actively engage with staff, fellow volunteers and the community
- I will treat others around me with kindness, dignity and respect
- I will notify my supervisor or department manager any changes to my information or health
- I understand that volunteering for Regeneration Outreach Community is voluntary and as with any task, there may be a degree of risk in undertaking certain tasks. After carefully considering the risks involved, I will take reasonable precautions to ensure my own safety.

Confidentiality Agreement:

Thank you for your interest, time and commitment to making a difference in the community. As a part of your volunteer work, you may come into contact with information of a sensitive nature. This Agreement is intended to inform you of private and protected information so you can assist us in upholding the confidentiality of information within our organization. This following information may include confidential of Regeneration Outreach Community:

- Information concerning the business and operation of the Regeneration Outreach Community, including written, verbal, and electronic communication.
- Member, donor and agency information (Name, Address, Phone Number, Company, donation amounts).

Disclaimer and Waiver of Liability:

I, the undersigned, release and forever discharge and hold harmless Regeneration Outreach Community (Regeneration) and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide as a Volunteer for the organization. I understand and further acknowledge that this Release discharges Regeneration from any liability or claim with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide while I am providing volunteer services.

By completing the information below, I consent to my child/dependent volunteering with Regeneration. I understand and agree to all comments noted above.

Volunteer Information of child:

Last Name: _____ First Name: _____

Address _____ Apt. # _____

City _____ Postal Code _____

Phone Number _____ E-Mail _____

Gender _____ Date of Birth (Month/Day/Year) _____

Parent / Guardian's Emergency Contact Information:

Last Name: _____ First Name: _____

Phone #: _____ Relationship: _____

Volunteer Signature

Date

Parent/Legal Guardian Signature

Date

We would be happy to answer any questions you may have.

Angela Tenthorey
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