

PARENTAL / GUARDIAN CONSENT FORM

In order for your child / teen to become a volunteer with Special Kindness In Packages, we need your consent and your involvement in helping him/her to have a productive experience. Please read and sign this parental consent form in order for us to continue our process of considering your child / teen to be a volunteer.

Name of Organization: **Special Kindness In Packages, Inc. (SKIP)**

Name of prospective youth volunteer: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Volunteer Title Applied For: \_\_\_\_\_

Description of anticipated volunteer work:

I understand that my child, named above, wishes to be considered for the volunteer experience described and I hereby give my permission for him/her to serve in that capacity, if accepted by SKIP. I understand that he/she will be provided with orientation and training necessary to assist in the performance of the volunteer duties and that he/she will be expected to meet all of the requirements of the position, including attendance and adherence to SKIP policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed or be guaranteed of any future position with SKIP. I agree that SKIP will not be held liable for medical bills or other penalties, fines, or fees if he/she should sustain an injury or illness arising out of and in the course and scope of his/her volunteer work with SKIP and that in event of an emergency I authorize an adult supervisor to transport him/her to the nearest hospital or call 911 for assistance.

\_\_\_\_ Initialing, provides my approval and permission for my child/teen to volunteer with the described activity or program.

Parent / Guardian: Print Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Address, if different from volunteer:

\_\_\_\_\_

City: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

SKIP prohibits discrimination on the basis of race, ethnicity, national origin, gender, religion, age, sexual orientation, or disability in its services, programs and activities.

If you have any questions or concerns about this consent form or your child's volunteer activities please contact Skip Spoerke at (339) 788-9261 or via e-mail at skip@skipcares.org.

Upon completion please mail to:

SKIP, Inc.

P.O. Box 132

Bryantville, MA 02327-0132