

MINOR VOLUNTEER / PARENT RELEASE FORM



RELEASE STATEMENT:

I am the custodial parent/guardian of the below listed minor. I give permission for the minor to register as and participate in volunteer activities with the Opportunity Council. These volunteer activities will take place under the guidance and supervision of a designated adult employee of the Opportunity Council. I do understand that as a registered volunteer with the Opportunity Council, my child is covered under a secondary insurance policy in case of accidental injury. Furthermore, I understand that as a parent or legal guardian, I am fully responsible for any legal responsibility which may result from any personal actions taken by my child.

VOLUNTEER CHORE PROGRAM: I understand that if my child is 16 or over, they can volunteer with the Volunteer Chore Program with a partner. If my child is unable to find a volunteer partner and the Supervisor finds an appropriate match, I will allow them to volunteer independently, understanding that the Supervisor will make informal check-ins to confirm the opportunity continues to be suitable.

YOUTH UNDER 16 YEARS OF AGE: I understand that if my child is under 16 years of age, they will need to volunteer with a parent, or with an organized group that has designated adult mentors and/or supervisors that will be with the youth during their entire volunteer commitment.

MEDICAL RELEASE:

I authorize an adult employee of the Opportunity Council to take my child for medical treatment in the event of an emergency in which the emergency contacts can't be reached. I authorize any licensed physician or medical center to treat my child.

Initial _____

PHOTOGRAPH RELEASE:

I grant permission to allow my son/daughter to be photographed, videotaped or recorded for the purpose of promotion, recognition or reporting of the Opportunity Council.

Initial _____

BACKGROUND CHECK RELEASE:

I authorize the Opportunity Council to run a background check through the Washington State Patrol for convictions against property or persons.

Initial _____

By signing this form, I agree that I have read and understand this permission, medical, photograph, and background check release. I agree to hold harmless the Opportunity Council and give my child permission to participate as a volunteer at the Opportunity Council.

Name of minor covered by this permission form:

First Name Middle Initial Last Name Birthdate WA ID or DL (if applicable)

_____	Parent or Guardian printed name
_____	Parent or Guardian Signature
_____	Date signed
_____	Primary Emergency Name & Contact Number
_____	Secondary Emergency Name & Contact Number

Volunteer's Supervisor _____

Agency Department _____