

Community Action Center
Volunteer Procedures
Minor Consent Form

Minor Volunteer Name: _____

Address: _____

Telephone: _____ Email: _____

Guardian Name: (Please Print) _____

Emergency Daytime Contact and Telephone: _____

Entered grade ____ in Fall

Age: ____

Sex: M F
(Please circle)

I hereby give permission for my child to volunteer for the Community Action Center. I understand that I am responsible for delivering and picking up my child at the location and time provided by their particular program. All risks associated with participating in the program, including but not limited to bodily injury, are assumed by me, his/her parent or legal guardian, as indicated by the signature below. In case of an emergency, I give my permission to CAC to undertake appropriate steps toward the welfare of my child, as required by the situation. I give my permission for Community Action Center to perform a check of my child's background.

Signature

Date

If your child has any special needs, allergies, or conditions, which we should be aware of, please describe those below: _____

Please see Emergency Contact Form for additional emergency information

Please see Background Check Permission Form for additional information.