

Parental Consent Form

(To be completed for all volunteers age 17 and younger)

I, _____, the parent or legal guardian of _____ choose to permit _____ to participate as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer the volunteer program. I understand that my child is covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. He/She will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian : _____ Date: _____

CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER: I, _____ the parent or legal guardian of _____, a minor, who was born on _____, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

Signature of Parent or Legal Guardian: _____ Date: _____

Consent of Parent or Legal Guardian to Use of Image of Minor Volunteer in Public Relations: Photos, videos of _____, my child or ward, may be used in City of Sacramento Public Relations. I understand that if I do not wish my child/ to be photographed it is my responsibility to notify the photographer at the time the photos are taken.

Signature of Parent or Legal Guardian: _____ Date: _____

Consent of Parent or Legal Guardian for Adult Supervision of Minor Volunteer: I, the parent or legal guardian of _____, understand that any teen age 12-15 must be accompanied by an adult volunteer partner at all times unless they are enrolled in the Shelter Teen program and attend only during the Shelter Teen times. Furthermore, I understand that any adult partner must have attended orientation and training and be a registered volunteer with the Front Street Animal Shelter. I understand that only those individuals listed on this agreement will be able to be adult volunteer partners for my child/ward. I understand that if my child/ward arrives with any other adult partner, they will not be allowed to participate that day and they will be sent home. I designate the following individual(s) to be adult volunteer partners for my child/ward:

Name: _____ Relationship: _____

Name: _____ Relationship: _____