



Volunteers Under 18

Volunteers under 18 who are not accompanied by a parent or legal guardian are required to bring a signed waiver form prior to or on the day of the volunteer project. Without it, the minor will not be able to volunteer. A parent or legal guardian of each minor must read and agree to the following: By signing this form, I the parent or legal guardian of the named below, consent to the child’s participation in the volunteer activities organized by Howard Brown Health. I understand that the child will be provided with the orientation and training necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all requirements of the position, including compliance with Howard Brown Health policies and procedures. I understand that my child will receive no monetary compensation for this work. I also understand that inherent risks may be associated with volunteer activities, including but not limited to, broken bones, concussions, sprains, paralysis, and death, and will not hold Howard Brown Health accountable or liable for any injuries that unintentionally result from the child’s participation, or that arise during the time spent volunteering due to any underlying physical condition.

I _____ give permission for my son/daughter,
_____, who is _____ years old to volunteer at Howard Brown
Health. Parent/Guardian Signature _____
Date: _____

Parent/Guardian Phone and Email Contact: _____ In
the event of an emergency please contact the following person: Emergency Contact/Relationship

Emergency Phone # _____

PHOTO/MEDIA RELEASE

To recognize the great work of our volunteers, we occasionally post photographs on our social media platforms (Facebook, Twitter), on our website or in print materials. Please let us know your preference by checking the appropriate line on the options below. ____ I give permission for my child’s name, photo, video image, and/or achievement(s) to be disclosed on social media, on the website, in print materials or released to the media. ____ I do not want my child’s name, photo, video image, and/or achievement(s) disclosed on social media, on the website, in print materials or released to the media.

Parent/Guardian Signature _____ Printed: _____