



Youth Volunteer - Parental Consent Form

Dear Parent or Guardian:

Thank you for encouraging your child to volunteer at Emergency Food Network (EFN). Volunteers are crucial to our mission "to provide Pierce County with a consistent, diverse and nutritious food supply so that no person goes hungry."

EFN requires receipt of this release, signed by a parent or guardian, before a minor may serve as a volunteer. Please read and sign the following to give your child permission to volunteer at EFN. Feel free to contact EFN at (253) 584-1040 or email volunteer@efoodnet.org if you have questions. You can also learn more about Emergency Food Network on our website at www.efoodnet.org.

As the parent or guardian, I acknowledge that I have reviewed and agree to the following:

- 1) If my child is volunteering at the Repack Project, they may be working in an environment where forklifts, pallet jacks, and other mechanical equipment are in use and where heavy boxes of food are stacked on pallets. I understand that at this activity, my child will be required to closed-toe shoes.
2) If my child is volunteering at Mother Earth Farm, they may be working around tractors, with basic garden tools (if age appropriate), handling dirt and compost, and potentially be outdoors in the rain or sun. I understand that at this activity, my child will be required to wear closed-toe shoes and will be prepared to work outdoors.
3) While my child's work will be supervised by an adult chaperone, I believe that my child is mature enough to behave appropriately while they volunteer.
4) I understand that EFN occasionally photographs or videotapes activities held at its facilities and at special events. These images are used in publications, presentations, websites, and/or social media to promote EFN's mission. EFN has my permission to use my child's photo publically and I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.
5) I understand that by signing below I release and hold harmless EFN and each of its directors, officers, employees, partners, agents, volunteers, and constituents from all claims, liability, costs and damages which might arise from participation in the event or activity. This release constitutes a voluntary waiver of any and all liability and claims of any kind against EFN.
6) I further provide my consent for EFN to seek emergency treatment for the minor if necessary and I agree to accept financial responsibility for the costs related to this emergency treatment.
7) I agree that my child has my consent to participate in this community volunteer event or activity.

Name of Youth (PRINT LEGIBLY)

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical conditions or allergies you would like EFN to be aware of: \_\_\_\_\_

Name of Parent/Guardian (PRINT LEGIBLY)

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Today's Date \_\_\_\_\_

Email \* \_\_\_\_\_

\*If you would like to learn more about EFN and stay up-to-date about hunger issues in Pierce County, please include your email address to sign up to receive our monthly newsletter. We will never sell, loan, or give away your contact information to a third-party.