



Northeast Youth and Family Services Teen Volunteer Parent Consent Form

If the volunteer is under the age of 18, parental guardian consent is required.

My child, _____ has my permission to serve as a Teen Volunteer with Northeast Youth and Family Services. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what is expected of him/her.

I attest that my child is at least 14 years of age and is free from communicable diseases and will be able to provide evidence of negative TB screening and proof of immunization (signed by licensed nurse or healthcare provider who is not the child's relative), immunity by laboratory results, or natural disease history, or rubella (German measles), rubeola (measles), and varicella (chicken pox).

Volunteering may include working with children and will require a background check to be processed. Volunteering may also include speaking with community members and visiting local community centers, organizations, and schools to help expand NEYFS' programs and services.

I do hereby release Northeast Youth and Family Services, their staff and sponsors from any responsibilities of injury or accident as a result of the volunteering experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as apparent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at Northeast Youth and Family Services.

I release, discharge and relieve Northeast Youth and Family Services from any and all claims whatsoever of any nature as a result of his/her volunteering and all related activities.

Name of Teen Volunteer: _____

Parent / Guardian Signature: _____

Date: _____