



Parental/Legal Guardian Consent Form

(for minors under age 18)

I hereby give consent for my son/daughter, _____,
to serve as a volunteer for The Wesley Communities.

I understand that my child needs to present a copy of their flu vaccination record as part of the
volunteer application process.

I understand that volunteering with The Wesley Communities involves a commitment on the
part of my child to work in a designated service area in a regular and responsible manner. I will
assist in providing reliable transportation if necessary. I understand that my child is responsible
for corresponding with the Volunteer Coordinator in a timely manner regarding any scheduling
changes, sick/vacation leaves, or questions and concerns.

I realize The Wesley Communities cannot be responsible for my child after he/she leaves the
building or for any personal belongings.

Emergency Medical Treatment:

In the event of an emergency, I give permission to transport my child to a hospital for medical
treatment. In the event of an emergency if you are unable to reach me at the following
numbers, contact the emergency contact below:

Emergency Contact #1:

Parent/Legal Guardian Name and Relation: _____

Parent/Legal Guardian Cell Phone(s): _____

Parent/Legal Guardian Home Phone(s): _____

Parent/Legal Guardian Email Address: _____

Emergency Contact #2:

Name and Relation: _____

Cell Phone(s): _____

Home Phone(s): _____



I understand that as a volunteer my child is not entitled to any pay, compensation, or employee benefits of any kind, including worker's compensation and health insurance.

I take full responsibility for any and all actions of my child during his/her volunteer service.

I release and agree to indemnify and hold harmless The Wesley Communities from any and all liabilities related to or arising from my child's service as a volunteer, even if arising from negligence, to the fullest extent permitted by law. I also agree that I will assume all costs and expenses (including medical care costs) associated with any injury related to or arising from my child's service as a volunteer.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Parent/Legal Guardian Cell Phone(s): _____

Parent/Legal Guardian Email Address: _____

Parent/Legal Guardian Home Address: _____
