



PARENTAL CONSENT FORM FOR YOUTH VOLUNTEERS

(Please read completely, fill in the blanks and sign. Thank you!)

When complete, please return this form to Jim Hampton, Volunteer Specialist, via

Email: james.hampton@goodwill-suncoast.com, Fax: 727-579-0850 or

Mail: Jim Hampton, Volunteer Services, Goodwill-Suncoast, 10596 Gandy Blvd., St. Petersburg, FL 33702.

I hereby give consent for my son/daughter _____, a minor (but at least 14 years old) to serve as a volunteer at a Goodwill Industries-Suncoast Inc. facility or affiliate work site ("Goodwill") from time to time as prescribed by the Community Relations Coordinator. I am requesting this experience for the benefit of my child. My child does not currently work for Goodwill and has no expectation of being employed in the future. I understand that the services of a volunteer are donated to Goodwill without contemplation of compensation or future employment and given for humanitarian, religious, educational or charitable reasons.

I hereby release Goodwill Industries-Suncoast, Inc., their affiliated and subsidiary organizations, together with all of their respective directors, officers, employees, volunteers and agents from any and all claims, demands, actions and causes for actions of any kind, whether based on negligence or otherwise, for property damage, personal injury, or death, arising from participation in any aspect of said activities with the exception of intentional bad acts.

Volunteers placed in our programs may be required to oversee younger children, help set up and cleanup for events and other miscellaneous activities requiring physical activities. I know of no reason, medical or otherwise, that would prevent my child from performing volunteer services.

In the event of a medical emergency, I understand that effort will be made by the staff at Goodwill to contact me. If Goodwill is unable to reach me or time is of the essence, I hereby give permission for any and all medical attention to be administered to my son/daughter in the event of accident, injury, sickness, etc. by emergency personnel and rendered under the general or special supervision of any licensed medical professional under the provisions set forth by the state of Florida on the medical staff at the office or hospital. I also assume the responsibility for the payment of any such transportation and treatment.

Any Medical Conditions or Allergies? Yes No

Explain/Describe: _____

I will provide reliable transportation if necessary and understand that my child is responsible for corresponding with the volunteer office in a timely manner regarding any scheduling changes, sick/vacation leaves or questions.

I understand that volunteering with Goodwill involves a commitment on the part of my child to work in a designated service area in a regular, safe and responsible manner. This includes courtesy and respect for others, appropriate dress for the type of work being performed and adherence to standards of

conduct (*no property theft, abusive language, profanity or improper behavior, no smoking, no possession or consumption of drugs, alcohol or controlled substances*). I will honor the direction of Goodwill through its appropriate representative, to suspend or terminate my child's volunteer service.

I understand that Goodwill is not responsible for my child when he/she leaves an event and/or volunteering. Goodwill is also not responsible for any personal belongings.

I give perpetual permission to Goodwill to use, transmit, replay, or broadcast for internal or external purposes, without charge and without reservation, the following information in publishing and promoting the activities or services of Goodwill: photographs and/or videos of my child, my child's likeness, my child's voice, and my child's personal demographic information (such as name, age and hometown). I waive any rights of action I and/or my child may have and release Goodwill from any claims I and/or my child may have arising from such use, including any rights to sue for defamation or violation of rights of privacy or rights of publicity.

In signing this, I acknowledge and represent that I am eighteen (18) years of age or older and am fully competent. I have read the foregoing; I understand the significance of the agreement; and am signing voluntarily as an act of my own free will, intending to bind myself, my child, my spouse, my heirs, assigns and personal representative. (All legal guardians must sign.)

_____	_____
Printed Name of 1 st Parent or Legal Guardian	Relationship
_____	_____
Signature of Parent/Legal Guardian	Date
_____	_____
Parent/Legal Guardian Full address (<i>street, city, state, zip</i>)	Emergency Contact Phone#
_____	_____
Printed Name of 2 nd Parent or Legal Guardian	Relationship
_____	_____
Signature of Parent/Legal Guardian	Date
_____	_____
Parent/Legal Guardian Full address (<i>street, city, state, zip</i>)	Emergency Contact Phone#

Clinic/Physician's Name	

Clinic/Physician's Address/Phone	

Health Insurance Name/Policy #	