

**Youth Volunteer Parental/Guardian Consent Form**

(Required for all youth volunteers under 18 years of age)

In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would allow EECM to continue the process of considering your child as a volunteer.

Note: This Parental Consent Form must be filled out for all volunteers under age 18. Students under the age of 18 must be accompanied by a Chaperone over the age of 21.

Name of youth volunteer: (print clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity, if accepted by EECM. I understand that he/she will be provided with any training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to EECM policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

Parent/Guardian Name (print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN TO EECM**  FAX – 412-361-0151 EMAIL – [tracyh@eecm.org](mailto:tracyh@eecm.org) MAIL – 6140 Station Street Pittsburgh PA 15206