



YOUTH VOLUNTEER CONSENT FORM

Signed consent is necessary for any volunteers 12-18 years old

I, the parent/guardian of _____ (youth's name printed) give permission for them to participate as a volunteer in a Charlotte County's Volunteer Program.

I, _____ (printed name of parent/guardian/legal custodian), further consent that Charlotte County, may obtain necessary emergency medical treatment and/or transportation in the event of accident, injury or sudden illness while said minor is engaged in the volunteer program.

I understand that program participants may be photographed/videoed by Charlotte County and the local media for publicity of the program.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information of Parent/Guardian

Home Phone: _____ Cell Phone: _____

Return completed application to Human Resources Department via fax 941.743.1254 or email to Laura.Tourt@CharlotteCountyFL.gov