



## 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 [Rebecca.Milhoan@CharlotteCountyFL.gov](mailto:Rebecca.Milhoan@CharlotteCountyFL.gov)