



## 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: \_\_\_\_\_

### Contact Information of Parent/Guardian in case of an emergency.

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_