

Parental Consent Form

NAME OF YOUTH VOLUNTEER: _____

- An application has been received from your child to become a volunteer with SCARF.
- Your involvement can assist in making this a positive experience.
- Please read and sign this parental consent form if you agree to the commitment your child wishes to make, before we agree to the volunteer placement.

If you have any questions, would like further information or would like to discuss this with someone, please call _____ Telephone: _____

1. Description of proposed volunteer work activities:

2. Anticipated times and volunteer work schedule:

3. Anticipated length of volunteer commitment:

PARENTAL CONSENT:

I understand that my child _____ wishes to be considered for volunteer work and I hereby give my permission, based on the above information, and conditional on acceptance by SCARF. I understand that, in consideration of duty of care, youth volunteers will be provided with orientation, guidance and support necessary for the safe and responsible performance of their duties and will be expected to meet all the requirements of the position, including attendance commitments and adherence to SCARF policies and procedures. I understand that they will receive no monetary compensation for the services contributed.

Name: _____

Relationship to Youth Volunteer: _____

Signature: _____ Date: ____/____/____