

Parent/Guardian Consent Form

Please download and email a signed copy to SERVE at volunteer@serve-helps.org

Child's Name:	Date of Birth:
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Parent/Guardian's Name:	Relationship to Child:
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Phone Number:	Email:
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I give consent for my minor child's participation in volunteer activity with SERVE (Stafford Relief through Volunteer Efforts). Both my child and I have read SERVE's Volunteer Guidelines and understand and agree to the activity and requirements. We further understand and agree to SERVE's Dress Code, Policy on COVID-19, and I have completed a Multi-Media Consent and Release form.

Additionally, I acknowledge my child may be working in an environment where there are stocked shelves, floor pallets, heavy boxes, traffic hazards, and crowded working conditions. I also acknowledge my child may be working with volunteers from many populations including, but not limited to, civic groups, community organizations, corporate businesses, schools, religious groups, and court mandated service programs.

Finally, It is understood that SERVE Volunteers must uphold confidentiality toward the guests of SERVE, its agencies, colleagues, donors, sponsors, staff, volunteers, and applicants. My child will protect the privacy of those listed and will not share information about them beyond the scope of volunteer duties.

Medical Consent: I give permission to the SERVE staff to seek treatment in case of injury to my daughter/son and allow them to take other action should a medical emergency arise. I release SERVE, its sponsors, employees, board members, volunteers, and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to my child's volunteer activities, unless the claim is based upon the conduct of a SERVE employee in the course and scope of her or his employment. I further agree to indemnify and hold SERVE harmless from any and all claims arising from my conduct or the conduct of my child while she or he is volunteering for SERVE.

List all conditions or medications relevant to share with First Responders should a medical emergency occur:

Parent/Guardian Signature:	Date:
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Stafford Emergency Relief through Volunteer Efforts

15 Upton Lane, Stafford, VA 22554

(540) 288-9603

volunteer@serve-helps.org

www.serve-helps.org