



Parental Consent for Minor Volunteer

400 Lake Bennett Ct. Longwood, FL 32750 -Phone 407-331-6436 - info@esthersmo.com

I, _____, am the parent and/or legal guardian of _____, and he/she has my permission to work as a volunteer with E.S.T.H.E.R. Single Mothers Outreach. I confirm that my child is under the age of 18 and is allowed to volunteer with my permission per E.S.T.H.E.R. Single Mothers Outreach's Volunteer Policy. I understand that my child will be working with other volunteers and under the supervision of an E.S.T.H.E.R. Single Mothers Outreach employee or trained lead volunteer. I have gone through the Volunteer Orientation Packet with my child and ensure that they understand the information shared therein.

WAIVER: On behalf of said minor, I waive any claim for compensation of work completed and hereby release E.S.T.H.E.R. Single Mothers Outreach from any liability for illness, injury or medical expenses sustained by said minor while volunteering with E.S.T.H.E.R. Single Mothers Outreach.

Please acknowledge your consent and agreement by signing below:

Parent/Guardian Signature _____ Date _____

E.S.T.H.E.R. Staff Signature _____ Date _____

In the event of an emergency, please contact:

Emergency Contact Name _____

Relation to Child _____ Emergency Phone _____

Emergency Email _____