



**MINOR VOLUNTEER  
PARENT/GUARDIAN CONSENT**

Samara’s Village, Inc. actively invites and encourages adolescents, ages 13-17, to submit an application for participation on our Community Advisory Council or to serve as a volunteer within our organization. If your child is selected, every effort will be made to minimize any burden of activities on your child’s school responsibilities and other personal priorities, including any unnecessary financial burden to your family. The primary methods of communication with your child will be through email and by phone.

\_\_\_\_\_, a minor child, wishes to participate as a Samara’s Village Volunteer

(“Activity”). I \_\_\_\_\_  
(parent/guardian full name) hereby, give consent for him/her to serve as a volunteer in Samara’s Village.

\_\_\_\_\_  
(Parent Initials) I understand volunteering with Samara’s Village involves a commitment on the part of my child to work in a designated service area in a regular and responsible manner. I will assist in providing reliable transportation if necessary.

\_\_\_\_\_  
(Parent Initials) I understand that the child may be photographed during the course of the Activity. I grant full and unlimited permission to Samara’s Village, and its agents and affiliates, to use the minor’s name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here.

Samara’s Village involves activities on and off the organizational premises. As the minor’s parent/guardian, I hereby consent to his/her participation in the Activity. I am not aware of any physical or medical condition that would interfere with the child’s ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give Samara’s Village permission to seek medical attention for the child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

**EMERGENCY INFORMATION**

Please indicate how we can reach you in an emergency:

Parent/Guardian	Parent/Guardian (or Emergency Contact)
Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home phone: _____	Home phone: _____
Mobile phone: _____	Mobile phone: _____
Office phone: _____	Office phone: _____

Child’s Physician:  
Name: \_\_\_\_\_  
Office phone: \_\_\_\_\_