

Town of Lyman
Youth Volunteer Parental/Guardian Consent Form
(Required for all youth volunteers under 18 years of age)

In order for your child to volunteer with us, we need your consent. Please read and sign this parental consent form if you would like the Town of Lyman to continue the process of considering your child as a volunteer.

Note: This Parental Consent Form must be filled out for all volunteers under age 18.

Name of youth volunteer: (print clearly) _____

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity. I understand that he/she will be provided with any training necessary for the safe and responsible performance of his/her duties, and that he/she will be expected to adhere to Town policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

I also give permission for photos/videos to be taken of my child, without recompense, during volunteer activities, for publicity purposes. (newsletter, etc.)

Parent/Guardian Name (print clearly)

Parent/Guardian Signature:

Relationship to volunteer: *Mother* *Father* *Legal Guardian (circle one)*

Parent Phone: _____ *Email* _____

Volunteer Signature: _____ *Date:* _____

Supervisors Signature: _____

Town of Lyman
info@townoflyman.com
360-826-3033

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