

Youth Volunteer Waiver

Date of Application:

Youth Volunteer Details

First Name: Last Name:

Home Phone: Cell Phone:

Email Address:

Birthday & Age: Sex: Male Female

Group Details

Group Name:

Volunteer Date(s):

Emergency Contact Details

The SEED requires that at least one of the persons listed below be a legal guardian of the youth named above. In the unlikely event that the youth requires medical attention, we will make every effort to contact those listed.

Guardian First Name: Guardian Last Name:

Relationship: Father Mother Legal Guardian

Home Phone: Cell Phone:

Secondary First Name: Secondary Last Name:

Medical Details

Are there any medical conditions that The SEED needs to be aware of? Please detail.

Is the youth identified on any medications The SEED needs to be aware of? Please detail.



Youth Participant Terms

As a participant in the Volunteer opportunity I understand and agree to adhere to the following guidelines while volunteering at The SEED.

1. I will always stay with my group during any activity at The SEED.
2. I will not go anywhere inside or outside The SEED facilities, including the washrooms, without notifying a staff or group lead.
3. I will not give out my phone numbers, email address, home address or last name.
4. I will respect Staff, Volunteers & Guests treating them with dignity at all times.
5. I understand that Staff have Picture ID Tags. These are individuals who I can trust in any circumstance and whom I will listen to when given direction.
6. I will adhere to the following dress code guidelines while at The SEED:
 - a. Dress in causal, comfortable loose fitting clothing that can get dirty.
 - b. No open toed shoes or sandals while volunteering.
 - c. Long pants are required.
 - d. No bandanas as they can be interpreted as gang symbols.
 - e. No clothing with profanity or inappropriate messages and/or graphics.
 - f. Please dress modestly (no short skirts, halter tops or midriff bearing clothing).
7. I understand that The SEED is not responsible for any personal belongings. I will leave all valuables (cell phones, mp3 players, cameras, wallets) at home or in my vehicle.

Youth Participant Agreement

Youth Participant Signature

Youth Participant Name (Print)

Date (MM/DD/YYYY)

Parent/Legal Guardian Terms

The term "Youth Volunteer Program" shall refer to all of the organizations participating in, sponsoring or administering the youth volunteer opportunity, their officers and members. This includes The Mustard Seed Society. In consideration of permission granted to participate in the Youth Volunteer Program I agree and acknowledge that:

1. My child has met all of the prerequisites required for participation in the Youth Volunteer Program.
2. I freely and voluntarily assume any risks and hazards inherent in the nature of the Youth Volunteer Program and, accordingly, my child's participation in the program shall be entirely at their own risk.
3. I waive any claim I may have against the Youth Volunteer Program and The Mustard Seed Society arising from my child's participation in the program and agree to indemnify and save harmless the Youth Volunteer Program for any claim, including any claim for medical services arising from my child's participation in the program.
4. The Youth Volunteer Program leadership may secure such medical advice and services as it, in its sole discretion, may deem necessary for the health and safety of my child and I shall be financially responsible for such advice and services.
5. This release, waiver of claim and assumption of risk is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

Parent/Legal Guardian Agreement

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Name (Print)

Date (MM/DD/YYYY)