



## Parental Consent Form

In order for your child to become a volunteer with Volunteers of America, we need your consent and your involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer.

Program of Interest: PROJECT HARVEST

Name of Youth Volunteer: \_\_\_\_\_

I understand and agree that my child (named above) may be considered for volunteer work. I hereby give my permission for him/her to serve at the program stated in this form, if accepted as a volunteer by Volunteers of America. I understand that volunteers age 13+ may volunteer with a guardian up until the age of 16. I understand that he/she will be provided with orientation, training, and supervision for the safe and responsible performance of his/her duties. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to the agency's policies and procedures. I understand that he/she will be a volunteer and will not receive monetary compensation for the services contributed.

Name of Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

Guardian Signature \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Project Harvest is a collaborative program of Volunteers of America, Snohomish County Food Bank Coalition, Rotary First Harvest, and Americorps\*VISTA.

