

Youth Volunteer Agreement and Consent



The Regional Center for Volunteerism
HandsOn Sacramento
COMMUNITY LINK CAPITAL REGION

I, _____ *Child's Name- Please print legibly* understand that I am not considered an employee of the Community Link, Capital Region (CLCR) or The Regional Center for Volunteerism (TRCV) a program of CLCR, while performing volunteer work for the organization. I further understand that as a volunteer, I am not covered by Workers' Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer. In connection with my voluntary involvement in activities undertaken for, and with the participation and support of CLCR, a nonprofit organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge CLCR, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence and I agree to release and hold CLCR, its officers and directors, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therefrom. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I further grant to TRCV/CLCR, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity in connection with my participation hereunder.

I hereby confirm, represent, and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Child's Signature _____ Date _____

Print Child's Name _____ Birthday (mm/dd/yy) ____/____/____

Email Address (if child is 13 years or older) _____
(Our system recognizes each individual by his/her unique email address; this is why a **unique** email address is required to serve as the log-in username for your child's volunteer account. **Without an email address, we will not be able to process the waiver.** If you or other member of your family is already registered with us, the email address you provide here must be different.)

EMERGENCY CONTACT INFORMATION

Person to contact _____ Relationship _____ Phone (____) _____ - _____

Address _____ City _____ Zip code _____

PARENT OR LEGAL GUARDIAN CONSENT

Medical or Dental Care of Minor Child: _____ Minor's Name _____

In connection with the above, and having entrusted the minor named above into the care of The Regional Center for Volunteerism, its officers and directors, employees, agents, and volunteers, I hereby authorize such caring adults to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances within the full discretion, and in the course of the same kind of responsible deliberations, as I as such minor's parent/guardian would have to consider it.

I have read the foregoing agreement and release and I hereby give my express consent to the execution of this agreement and release and I will not revoke my consent.

Parent/Guardian Name

Date

Parent/Guardian Signature

Phone

Thank you for joining The Regional Center for Volunteerism. For quicker process, please scan this youth waiver and email to mquevarra@communitylinkcr.org. Or, mail it to: The Regional Center for Volunteerism/HandsOn Sacramento, 8001 Folsom Blvd. Sacramento, CA 95826. For questions, call 916-447-7063 x 105 or e-mail info@handsonsacto.org.

Processed by _____

Date ____/____/____