



## Minor Volunteer Parental Consent Form

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ (Age of Child) \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Address (if different): \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to volunteer for Hilltop Community Resources. If accepted as a volunteer, I understand my child will be provided with orientation, training, and adult supervision necessary for the safe and responsible performance of his or her duties and will be expected to meet all requirements of the position, including regular attendance and adherence to Hilltop and specific program policies and procedures. I understand that my child will not receive monetary compensation for the services contributed. I will support my child by respecting their volunteer commitment and providing transportation if needed. I further understand that volunteers are not covered under workers compensation insurance if injured and that my medical or motor vehicle insurance will be primary with Hilltop's general liability insurance serving as secondary coverage.

In case of emergency, please contact:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_