



The Family Effect  
Heal a family and we all get better

# Volunteer Release Form for Minors

Name of Volunteer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_ and support his/her application and volunteer service with The Family Effect. I release The Family Effect and its respective officers, employees or volunteer workers from all claims for loss, injury, illness or death occurring and/or related to participation. The Family Effect may use pictures, video or sound recording of my child in its promotional, educational, or training materials. In case of emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable to the child named above. I understand that The Family Effect does not provide Workers' Compensation insurance and that in the event of injury or illness, I will look to my own insurance coverage. If my child has any special medical or other needs or cannot work in certain conditions, I will discuss those with The Family Effect in advance. I understand that The Family Effect cannot administer any medication and reserves the right to not assign a volunteer to an assignment that may not be appropriate due to the volunteer's special needs. I also understand that if I have any questions or concerns about my child's volunteer activity I may contact The Family Effect, by phone or email.

Please describe any special needs or accommodations required for volunteer service:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions or allergies TFE should be aware of in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Please list two emergency contacts:

Name Relationship Phone Number(s)

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**I understand that my/my child's volunteer work will be supervised by The Family Effect staff and/or volunteers and that I/my child must follow all of The Family Effect's policies and guidelines.**

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

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

Guardian's Printed Name: \_\_\_\_\_