



Parent/ Guardian Permission Form

Dear Parent or Guardian:

Infant Crisis Services requires permission for anyone under the age of 18 to participate in any volunteer activity. All volunteers must be 13 years of age or older to independently volunteer on-site at the Infant Crisis Services. A chaperone who is over the age of 21 must accompany volunteers age 10 years through 12 years of age. Individuals must be 10 years of age to be eligible to volunteer.

In accordance with the Infant Crisis Services Youth Volunteer Policy, our dress code for teen volunteers are jeans and closed toed shoes. Youth Volunteers must have a current Parent/Guardian Permission Form on file at the Infant Crisis Services, in order to volunteer. All volunteers, including youth, are responsible for their own transportation to and from Infant Crisis Services.

I verify that _____ (print youth's name) is currently _____ years of age and I, _____ (print parent's/guardian's name) give permission for her/him to participate in a volunteer activities at Infant Crisis Services.

Youth Photo Release

I understand that public relations is an important part of volunteering at Infant Crisis Services. I allow Infant Crisis Services to use any photographs taken of my minor child for use in public relations efforts. Infant Crisis Services will have the right to use these photographs for marketing materials or in any other ways that Infant Crisis Services sees fit.

Yes, I give my permission for Infant Crisis Services to use my child's picture in public relations efforts.

No, I do not give my permission to use my child's photograph in public relation efforts.

By my signature below, I do release and indemnify, defend and hold harmless, Infant Crisis Services from and against any and all claims, actions, suits, or proceedings of any kind or nature arising as a result of the actions of my child. I also release the officers, staff, and Board of Directors of Infant Crisis Services, without limitations, from damages, liabilities, penalties, costs, expenses, legal fees, and claims arising from my child volunteering at Infant Crisis Services..

Parent/ Guardian Signature:

Name: _____ Date: _____ Relationship to Youth: _____

Print Parent or Guardian Name: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

BACK UP EMERGENCY CONTACT

NAME: _____ PHONE: _____



Youth Volunteer Agreement Form

Youth volunteers are expected to understand:

- Under 10 years of age, you will not be permitted to volunteer.
- 10-12 years of age you must have a chaperone older than 21 with you.
- To work in the playroom and hold babies you must be 13 years of age.
- To volunteer without a chaperone you must be a minimum of 13 years of age.
- Unexpected friend or family members are unable to volunteer without a permission form.
- Love, Kindness, Compassion and Respect are to be demonstrated towards all clients, volunteer peers and staff of Infant Crisis Services.
- Behave acceptably and professionally at all times.
- Be dependable, be on time.
- Notify Infant Crisis Services in advance if unable to serve for any reason.
- Be willing to give the time, energy, and thought required to do a thorough job.
- Respect personal and private property.
- Dress appropriately: (jeans, tennis shoes and no vulgar t-shirts)

Youth volunteers:

- Cell phone use is prohibited while volunteering and must be stored in a provided locker.
- **Photos of our clients are strictly prohibited.**
- Use obscene or objectionable language and you will be sent home.
- Resist the urge to ride on the warehouse equipment or rolling chairs and refrain from horseplay.
- Picking up, holding or walking around with babies under 4 months of age is not allowed.

Confidentiality Agreement:

- As a youth volunteer with Infant Crisis Services, I understand that I may, as a part of my duties, learn personal information about clients, donors, volunteers, staff associated with Infant Crisis Services.
- I understand that this document is intended to inform me of my responsibility to obey the rules of confidentiality and of the liabilities associated with a breach of confidentiality.
- I understand that any information, names, dates, facts about any person, is to be held in strictest confidence.
- I understand that the rules of confidentiality are intended to protect people from invasion of privacy. All staff and volunteers are bound by these rules of confidentiality.
- I understand that there are penalties associated with the violation of Infant Crisis Services rules of confidentiality will mean immediate dismissal from duties.
- I understand that by signing this document, I am promising to hold all information about clients and their parents/ caregivers , or donors in confidence, and that I will not tell anyone, even a close friend or family member, what I have learned about a client or family during my work at Infant Crisis Services.

I have read and understood the above expectations. I agree to act in a mature manner while volunteering. I agree to have respect for others, respect for myself, and respect for property. I know that if I break this agreement or my conduct is not satisfactory to the supervisors of Infant Crisis Services, where I am volunteering, I may be sent home.

Youth Volunteer

Date

Parent or Guardian

Date