

# VOLUNTEER YOUTH AGREEMENT

**Community Services Agency  
204 Stierlin Road, Mtn. View CA, 94043**

Community Services Agency values the contributions youth volunteers make to CSA and the community. We encourage youth volunteerism, and make every effort to place youth in appropriate volunteer positions. Our risk management policies require that youth ages 12 through 16 must be accompanied and supervised by a responsible adult, age twenty-one or over, and that a waiver (Parental Permission Slip) be signed for all youth volunteers age 17 and under.

Please complete the following Waiver (Parental Consent Form) and return to the Director of Volunteers along with the completed volunteer application.

## **Waiver (Parental Consent Form)**

\_\_\_\_\_ has my permission to participate in the following volunteer activities.

Volunteer activity/s \_\_\_\_\_

Date and time of activity. \_\_\_\_\_

I, the parent or legal guardian of the above listed minor, agree to allow such minor to participate in the above listed activities. In consideration of the acceptance of the minor's participation, I for myself, and on behalf of the above listed minor, my heirs, assigns, agents, representatives, attorneys, and all persons acting by, through, under or in concert with them, waive and release any and all rights and claims for damages I or the above listed minor have, or may have in the future, against the organizers of this event, CSA, its principals, employees, sponsors and representatives of any and all claims, damages, demands, and actions whatsoever resulting from said minor's participation in the above referenced volunteer activity.

Parental or Legal Guardian's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Primary emergency contact:

Name: \_\_\_\_\_

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

Secondary emergency contact:

Name: \_\_\_\_\_

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