



CONSENT FORM FOR TEEN VOLUNTEERS

TO: Parent(s) and/or Guardian(s)

FROM: Volunteer Services

- In order for your son or daughter to become a volunteer for the Town of West Hartford, we must receive your written consent. Please read and sign this form, and, if you have any questions or concerns, feel free to call the Volunteer Office at 860-561-7564.
- We appreciate your son's/daughter's interest in our volunteer opportunities and hope that his/her volunteer experience is a good one.

I give my permission for _____ to volunteer for the Town of West Hartford.

I understand that he/she:

- ✓ ...will participate in any pertinent orientation/training prior to beginning volunteer service for the Town of West Hartford, West Hartford Social Services.
- ✓ ...will be expected to comply with the Guidelines for Volunteers and to be faithful in honoring his/her volunteer commitment.
- ✓ ...will not transport any program participant in from or provide other services involving the use of his/her automobile.
- ✓ ...will provide own transportation to and from place where volunteering.

Signature

Date

Your relationship to the volunteer

Emergency contact:

Name

Telephone number