



STEPPING STONES SHELTER

Healing Homelessness, Step by Step

Parental Consent for Child to Volunteer

Stepping Stones Shelter, is a 502(c)(3) nonprofit organization dedicated to providing support to homeless families with children by giving temporary shelter and services in an atmosphere of dignity and respect. We encourage and appreciate the efforts of volunteers under the age of 18. Before a child begins volunteering, however, we require consent from the parent(s) or legal guardian(s). To consent, please read and sign the form below. Thank you, and don't hesitate to contact us with questions.

If a child has more than one parent or guardian, singular references should be read as plural.

Both parents/guardians must fill out and sign this form.

Child's name:

Child's date of birth:

Child's age:

Parent/legal guardian's name:

Parent's address:

Parent's home phone:

Parent's work phone(s):

Parent's mobile phone(s):

Alternate contact in case of emergency:

Name:

Relationship to child:

Home phone:

Work phone:

Mobile phone:

By signing this form, I, the parent or legal guardian of the child named above, consent to the child's participation in volunteer activities organized by Stepping Stones Shelter. I understand that the child will be provided with orientation and training necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all the requirements of the position, including compliance with Stepping Stones Shelter policies and procedures. I understand that my child will receive no monetary compensation for this work. I also understand that inherent risks may be associated with volunteer activities, including but not limited to broken bones, contusions, sprains, concussions, paralysis, and death, and will not hold Stepping Stones Shelter accountable or

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(301) 251-0567

liable for any injuries that unintentionally result from the child's participation, or that arise during time spent volunteering due to any underlying physical condition.

Parent/Legal Guardian's Signature(s)

Date

My child has the following health limitations:

Medical Treatment Authorization

Parent(s)/Guardian(s), initial one of the following

----- I/we give

or

----- I/we do not give

Stepping Stones Shelter permission to authorize medical care for my child,

----- if, in the reasonable judgment of
Stepping Stones Shelter staff, the need arises.

Such medical treatment shall be provided upon the advice and supervision of any physician,

surgeon, dentist, or other medical practitioner licensed to practice in the United States.

Parent/Legal Guardian's Signature(s)

Date