

## Parent/Guardian Permission Form

MedShare requires a permission form signed by a parent or legal guardian for anyone under the age of 18 to participate in a volunteer activity. This signed form will be kept on file until the end of the calendar year in which it is signed. Volunteers must be at least 10 years old and those between the ages of 10 to 13 years old must be accompanied by and continuously monitored by an adult 21 years of age or older.

In addition to signing the form below, please review the following guidelines with your child:

Volunteers are asked to arrive 5-10 minutes before scheduled start time (8:50 a.m. for a morning session and 12:50 p.m. for an afternoon session).

Come dressed in clothing that's appropriate for working in a dusty warehouse with no heating or air conditioning. **Closed-toe shoes are required**; no flip flops, sandals or high heels.

Follow staff instructions and complete duties as assigned. Remain in designated work areas. Work with others in a respectful way and ask for help as needed.

IPODs (or any devices that prevent you from hearing) are not acceptable. Cell phones should remain in pockets or purses and not be used during the volunteer session.

Running, shouting, horseplay, riding pallet jacks or walking or standing on pallets is not permitted.

Volunteers are responsible for bringing copies of any volunteer service hour forms required by a school or organization and obtaining the necessary signatures from a staff person. Staff reserves the right to not sign off for volunteer service hours that are spent unproductively or in excessively long breaks. MedShare will **not** sign off on court-ordered community service hours.

Youth volunteers (ages 14 and up) who are working without a supervising parent or guardian must have transportation from MedShare available at the scheduled end of a volunteer session (usually Noon for a morning session and 4 p.m. for an afternoon session) **and** within 5-10 minutes of a phone call.

Medical supplies of any kind may not be taken from the facility. Unauthorized possession will be considered stealing.

All individuals who are not volunteering as part of an organized group must sign up on our volunteer website ([www.medshare.org/volunteer](http://www.medshare.org/volunteer)) and be assigned to a volunteer session before showing up.

Whether volunteering as an individual or part of a group, you must have signed-up for a volunteer session on MedShare's website.

-----**FILL IN AND RETURN TO MEDSHARE AT FIRST VOLUNTEER SESSION**-----

I verify that \_\_\_\_\_ (print youth's name) is currently \_\_\_\_\_ years of age and

I, \_\_\_\_\_ (print parent's/guardian's name) give permission for him/her to participate in a volunteer activity at MedShare International.

In connection with my child's voluntary involvement in activities undertaken for, and with the participation and support of MedShare International, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge MedShare International, its officers and directors, employees, agents and volunteers from all claims, demands, and actions for injuries sustained to my child and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold MedShare International, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising there from. I understand that my child is responsible for safeguarding his/her personal property at all times, and that MedShare will have no responsibility in connection with any loss of personal property. I agree to grant MedShare International the right to use my child's name and image in all forms and media. By my signature, I hereby attest that I have read the foregoing terms and conditions of this release.

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Relationship to Youth \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

Volunteer Name (Print) \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_