



# PARENT/GUARDIAN PERMISSION FORM YOUTH VOLUNTEER AGREEMENT

Please fill out this form thoroughly. You may input your information directly into the PDF form.  
Please print a copy for your own records.

Youth Volunteer Name  Birthdate (mm/dd/yyyy)

has permission to participate in the following InnVision volunteer project

## EMERGENCY CONTACT INFORMATION

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name  Relationship  Phone #

Physician's Name  Phone #  Insurance

Notes:  Policy #

## YOUTH VOLUNTEER AGREEMENT

I,  have read and will adhere to the policies and procedures established in InnVision's Volunteer handbook and agree to serve as a volunteer for InnVision. I understand that this agreement may be canceled at anytime at the discretion of either of the parties.

Volunteer Signature  Date

## WAIVER OF LIABILITY

I,  understand that my child

is not eligible for Worker's Compensation Benefits, Unemployed Insurance benefits, medical, dental or any other insurance coverage. I understand that InnVision cannot be liable for any injuries or illnesses that my child may incur while as a volunteer for the agency. I expressly waive any such claim for compensation or liability on the part of InnVision in the event of such injury or medical expense.

Parent Signature  Date

Phone #

**Please PRINT and SIGN this PARENT/GUARDIAN PERMISSION FORM and mail it to:**

InnVision the Way Home ATTN: Volunteers 974 Willow St. San Jose CA, 95125	or FAX it to (408) 271-0826
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