The MyAshleah Foundation Youth/Minor Volunteer Consent Form

Youth/Minor Volunteer Information

- **Full Name of Youth/Minor**: _____
- **Date of Birth**: _____

Guardian Information

- **Guardian's Name**: _____
- **Relationship to Youth/Minor**: _____
- **Guardian's Email**: _____
- **Guardian's Phone Number**: _____

Emergency Contact Information

- **Emergency Contact Name**: _____
- **Relationship to Youth/Minor**: _____
- **Emergency Contact Phone Number**: _____

Medical Information Please list any medical conditions or allergies that the Foundation should be aware of:

- _____
- _____
- _____

Consent and Agreement I, the undersigned, hereby consent to allow my child, _____ (Youth/Minor's Name), to participate in volunteer activities organized by The MyAshleah Foundation. I understand that my child will be required to follow all rules and guidelines set forth by the Foundation and that they will be under the supervision of authorized adults.

I acknowledge that I have listed all known medical conditions and/or allergies, and I understand that I am responsible for providing any necessary medications or treatments that my child may require during their volunteer service.

I further acknowledge that I have read and understood the Foundation's Volunteer Policy and agree to its terms on behalf of my child.

Guardian's Signature: _____ **Date**: _____

For Office Use Only

- **Received by**: _____
- **Date Received**: _____