




MINOR VOLUNTEER WAIVER

Minor's Name: _____ Minor Birthdate: _____

Email: _____ Phone: _____

Address: _____

**As Parent or Legal Guardian of the minor named on this account (between the ages of 13-17),
I voluntarily agree to and understand the following terms:**

- 1. I understand the minimum age to volunteer at Water Street Mission (WSM) is 13 years old.**
 - Youth ages 13-15: a parent or legal guardian must serve with the minor and accompany the minor at all times.
 - Youth ages 16-17: an adult who is responsible for the minor (i.e., parent, teacher, coach, youth leader) must serve with the minor and accompany the minor at all times.
- 2. My child may or may not be supervised at all times by WSM staff.**
- 3.  I will review the Volunteer Handbook with my child prior to my child's first service date.** My child and I understand that if my child's actions are contrary to the policies and volunteer expectations of WSM, they may be subject to dismissal from volunteer duties.
- 4. I release WSM of any liability caused by the negligence or actions of my child, any volunteer supervisors of my child, myself, WSM staff, or any other affiliates of WSM.** My child is expected to comply with the WSM policies that every person associated with WSM has the right to privacy in all matters. Any and all information concerning or identifying a Donor, Guest or former Guest is confidential and is not to be disclosed without proper authorization.
- 5. Photographing Guests or Program Participants is prohibited unless prior arrangements are made through the Volunteer Ministries Office.**
- 6. I release WSM from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work with WSM.** I understand that this Release discharges WSM from any liability or claim that the Volunteer or Volunteer's Guardian may have against WSM with respect to any bodily injury, illness, death, or property damage that may result from Volunteer's work with WSM, whether caused by the negligence of WSM or its employees, agents or otherwise.
- 7. I understand that WSM does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.**
- 8. It is my responsibility to inform WSM of any changes regarding the consent to volunteer.**

Parent/Guardian Signature: _____

Today's Date: _____

Please submit this completed waiver to the Volunteer Office before the first date of service, otherwise your child will not be able to check in. You may submit the completed paper copy to the Volunteer Ministries Office, submit the form electronically, or scan and email the waiver to volunteer@wsm.org. Any questions or concerns may directed to the Volunteer Ministries Office.