



RECREATION DEPARTMENT  
VOLUNTEER PROGRAM

**CONSENT FORM & VOLUNTEER AGREEMENT**

**ALL VOLUNTEERS UNDER 19 YEARS OF AGE MUST HAVE A PARENT OR LEGAL GUARDIAN COMPLETE THIS SECTION WITH THEM**

**CONSENT OF PARENT OR LEGAL GUARDIAN FOR MINOR'S PARTICIPATION AS A VOLUNTEER:**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, a minor who was born on \_\_\_\_\_, choose to permit \_\_\_\_\_ to participate as a volunteer. I understand that my child or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer the volunteer program. I authorize first aid to be administered to said minor if necessary.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**EMERGENCY CONTACT DETAILS**

In the event of an emergency, please use the following contact details:

- 1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**VOLUNTEER AGREEMENT**

As a volunteer with the City of Pembroke, I hereby agree to work under the direction and control of authorized employees of the City of Pembroke, and I further agree to follow all guidelines and standards set by the City. I realize that my services may be terminated without notice by an authorized employee. I also realize and acknowledge that the City does not carry disability or workman's compensation benefit type insurance coverage for my benefits.

I understand and agree that any photos or film of volunteers may be used to promote volunteerism or the City of Pembroke in any way.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_