

Meals on Wheels of Durham

406 Rigsbee Ave. Suite 101 Durham, NC 27701
919-667-9424 (Main) 919-667-9426 (Volunteer Line) 919-667-9458 (Fax)

Consent Agreement for Parent or guardian of Volunteer under Age 18 or Who is Disabled

You can be proud! Your son or daughter is about to join hundreds of youth that are making a difference in our community. In return, they gain valuable job experience, references for college and scholarship applications, praise and recognition for their good work, and make new friends.

My son/daughter, _____ has my consent to serve in the Meals on Wheels of Durham, Inc. Volunteer Program. I understand that my child will receive no payment for his/her services. All service is done on a volunteer basis.

To the maximum extent allowed by law, I understand that my son/daughter assumes all risks and hazards of participating in the Meals on Wheels of Durham, Inc. Volunteer Program. I release Meals on Wheels of Durham, Inc., its agents, officials, and employees from all liability and assume all responsibility. I affirm that I am the parent/guardian of the above-mentioned volunteer and have read and understand the above information.

Also as parent/guardian, I am also informing Meals on Wheels of Durham, Inc. of any allergies that my son/daughter currently has, any prescribed medications that he/she is currently taking, and one or more emergency contact(s) and phone number(s) for Meals on Wheels of Durham, Inc. to use in case of an emergency.

Allergies of Volunteer _____

Medications Currently Being Taken by Volunteer _____

Emergency Contact # 1 _____
Name Phone Number(s)

Emergency Contact # 2 _____
Name Phone Number(s)

Date

Parent or Guardian of Volunteer Signature

I have read and understand the above information and agree to comply with all rules and regulations of Meals on Wheels of Durham, Inc.

Date

Volunteer Signature