

# CENTER FOR SCIENCE TEACHING & LEARNING

## Minor Volunteer Parental Consent Form

We love having teen volunteers! Volunteers must be at least 16 years old and volunteers who are 16 or 17 must have a parent or legal guardian complete this form.

Please print this form out, complete it, sign it, and return it to **The Center for Science Teaching & Learning ("CSTL")**. You can bring this form with you to **CSTL** when you attend your volunteer shift or email it to [Volunteer@CSTL.org](mailto:Volunteer@CSTL.org) before the day of your shift. You must return this form to volunteer.

Volunteer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State NY Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that I must abide by the rules and regulations of **CSTL** and follow the directions of **CSTL** staff. I promise to be dependable and to perform my volunteer services to the best of my ability.

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

### Parent or Legal Guardian

Print Name: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ (Name of Volunteer) ("**Minor**") to serve as a volunteer at **CSTL**. I understand that he/she will be provided with instructions necessary for the safe and responsible performance of his/her duties. I understand and agree that he/she will perform activities strictly on a volunteer basis and will not receive pay, compensation or benefits for the services performed. I understand and agree that **Minor** must comply with **CSTL's** rules and regulations and follow the directions of **CSTL** staff and failure to do so may result in his/her immediate removal as a volunteer. I am aware of the nature of the activities **Minor** will perform as a volunteer and acknowledge that in performing volunteer tasks a risk of harm or injury exists. I agree that all volunteer activities are to be performed by **Minor** at **Minor's** risk, and I hereby fully release, hold harmless, and discharge **CSTL** and **CSTL** staff, volunteers, visitors and guests from any and all claims for injuries, damages, or losses arising out of or in any way connected with **Minor's** activities as a volunteer for **CSTL** and any injury or damage incurred or suffered by **Minor**.

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