



Minor Volunteer Participation Form

To ensure the safety of our minor volunteers, Food For Neighbors (FFN) has the following guidelines:

- **Minors ages 9–15** must be accompanied by a parent/legal guardian or by an **Authorized Designee**—a responsible adult (age 18+) who agrees to supervise them.
 - If a minor is attending with an Authorized Designee, a completed Minor Volunteer Participation Form is required.
- **Minors ages 16–17** may volunteer **on their own as Independent Volunteers**, but **must have parental or guardian consent**.
 - If a minor is attending as an Independent Volunteer, a completed Minor Volunteer Participation Form is required.
- **Important Notes:**
 - The form must be signed by the minor's parent or legal guardian.
 - Please bring the completed form to check-in on the day of the event.
 - A separate form is required for each minor—whether attending with an Authorized Designee (ages 9–15) or as an Independent Volunteer (ages 16–17).

Minor Volunteer Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Age at Time of Volunteering:** _____
- **School (optional):** _____

Parent/Guardian Information

- **Full Name:** _____
- **Phone Number:** (____) _____ - _____
- **Email Address:** _____

Emergency Contact (if different from above)

- **Name:** _____
- **Relationship to Minor:** _____
- **Phone Number:** (____) _____ - _____

Please check one:

- ☐ My child is **9–15 years old** and will attend the event **with an Authorized Designee** (a responsible adult age 18+). **Please complete section A of this form.**
- ☐ My child is **16–17 years old** and will attend the event **independently**, without a parent, guardian or authorized designee. **Please complete section B of this form.**

For FFN Use Only (Completed at Event Check-In)

- ☐ Form Received & Verified by FFN Staff
- ☐ Parent Contacted for Confirmation (if needed)
- ☐ Minor Checked In

Staff Signature: _____ **Date:** _____

A: Authorized Designee for Volunteers (ages 9-15)

Please complete this section if your minor is ages 9–15 and will be attending the event with someone other than a parent or legal guardian.

Event Information

- **Location of Event:** _____ **Event Date:** _____

Authorized Designee Information

- **Full Name:** _____
- **Phone Number:** (____) _____ - _____ **Email Address:** _____
- **Relationship to Minor:** _____

I, [Parent/Guardian's Full Name] _____, as the parent/legal guardian of [Minor's Full Name] _____, give my full permission for the above-named **Authorized Designee** to supervise my child during their participation in the Food For Neighbors (FFN) volunteer activity.

I acknowledge and agree to the following:

1. **Responsibility & Supervision:** The authorized designee is responsible for supervising my child throughout the event and ensuring their safety. FFN staff and volunteers are **not responsible** for monitoring or supervising my child.
2. **Liability Release:** I release and hold harmless FFN, its officers, directors, employees, and agents from any claims, damages, or liabilities related to my child's participation, including any injuries or property loss that may occur.
3. **Emergency Authorization:** If I cannot be reached in case of an emergency, I authorize the designee to make medical decisions for my child. I understand that FFN does not provide medical treatment and that I am responsible for any medical expenses.

I understand that this authorization applies **only to the specific volunteer event listed below**; it does not extend beyond this activity.

Signatures

Parent/Guardian Signature: _____ **Date:** _____

Authorized Designee Signature: _____ **Date:** _____

B: Consent for Independent Volunteers (ages 16-17)

Please complete this section if your minor is ages 16-17 and will be attending the event without a parent, guardian, or authorized designee.

I, the undersigned parent/legal guardian of the above-named minor, understand and agree to the following:

1. **Volunteer Activities:** I give permission for my child to participate as an independent volunteer at a Food For Neighbors Red Bag sorting event. I understand the activities may include lifting, sorting, labeling, and organizing food donations and other related tasks.
2. **Waiver of Liability:** I hereby release and hold harmless Food For Neighbors, its staff, volunteers, officers, and affiliates from any and all liability, claims, and causes of action arising out of or connected to my child's participation in this volunteer activity.
3. **Medical Authorization:** In the event of an emergency, I authorize Food For Neighbors to seek appropriate medical attention for my child. I understand that I am responsible for any resulting medical expenses.
4. **Supervision Agreement:** I understand that while I will not be present at the event, an authorized adult volunteer or staff member will be in charge of the activities that my child will be participating in, and I am responsible for ensuring they understand the event rules.

Event Information

- **Location of Event:** _____ **Event Date:** _____
- ☐ My child has my permission to participate in all FFN Red Bag Events for the 2025-26 school year.

Please indicate how your child will leave the event after it ends:

- ☐ My child has permission to leave the event independently.
- ☐ My child will be picked up by a parent/guardian.
- ☐ Other (please specify): _____

Parent/Guardian Signature: _____

Printed Name: _____ **Date:** ____ / ____ / ____

Minor's Signature (if age 16 or older): _____ **Date:** ____ / ____ / ____