



Parental Consent Form

In order for your child to become a volunteer with us, we need your consent and your involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. Please call Rob Loxterkamp at 604-927-7953 if you have any questions, would like further information or would just like to discuss this with someone.

(Please complete return the lower portion of form to the Volunteer Services Program Supervisor)



Name of prospective youth volunteer: _____

1. Area of interest:
2. Anticipated number of hours per week:
3. Expected duration of volunteer work:

I understand that my child named above wishes to be considered for volunteer work and hereby give my permission for them to serve in that capacity, if accepted by the City of Port Coquitlam. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including adherence to the city's policies and procedures. I understand that they will not receive any monetary compensation for the services contributed.

I also certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to the Release and Assignment, as stated above, regarding my/our child's involvement in the taking and use of the Images as stated above.

Name: (Please print) _____

Nature of relationship to volunteer: _____

Signed: _____ Date: _____