



WE ARE FAMILY

EST 1995
AN AFFIRMING SPACE FOR LGBTQI + ALLY YOUTH

We Are Family Participation Consent Form

We love having our youths be a part of our programming! To make sure our volunteers and youths we serve are considered, we have the following guidelines for our volunteers and paid participants under the age of 15:

- **Ages 14 and younger** must have a part or guardian complete this form.

This form may be printed out, completed, and returned to us in person or be completed electronically and emailed to volunteercoordinator@waf.org.

Participant/Youth's Name: _____ Pronouns: _____

Parents/Guardian's Name: _____ Pronouns: _____

Date of Birth: _____ Age: _____

Home Address: _____ Apt.: _____

City: _____ Zip Code: _____

Main Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

I understand that I must abide by the rules and regulations of We Are Family. I promise to be dependable and perform my services to the best of my ability.

Signed: _____ Date: _____

Parent/Guardian/Emergency Contact:

Name: _____ Relationship to youth: _____

Email Address: _____

Main Phone Number: _____

Work/Alternative Cell Phone Number: _____



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I hereby give my permission for my child to serve as a volunteer at We Are Family. I understand that they will be provided with instructions necessary for the safe and responsible performance of his/her duties and will be under supervision and direction of We Are Family staff for the duration of this shift. I understand that they will not receive compensation for the services contributed. I acknowledge there are some risks associated with working in a warehouse setting. I hereby fully release, hold harmless, and discharge We Are Family and We Are Family staff from any and all claims for injuries, damages, or losses.

Parent/Legal Guardian Signature: _____

Date: _____