



## Youth Volunteer Parental/Guardian Consent Form

Please print and complete this form, and return it to the Alphabet Soup Store Manager

Dear Parent or Guardian,

We are excited about your child's interest in volunteering at Alphabet Soup Benefit Thrift Store, benefitting all Petaluma area Schools. Our policy is that young people under the age of 14 may volunteer if they are accompanied by a family member or legal guardian while volunteering. Youth between the ages of 14-17 may volunteer without parental supervision but must be accompanied by another adult volunteer or staff member. All volunteers under 18 years of age must have the written consent of a parent or legal guardian prior to volunteering. The following guidelines apply:

- I understand that my child will be provided with any training necessary for the safe and responsible performance of his/her duties.
- I understand that he/she will be expected to meet all the requirements of the position, including regular attendance, respectful behavior, and adherence to Alphabet Soup Thrift Store policies and procedures. I understand that if my child does not follow the rules, they will be discharged from volunteering.
- I understand that he/she will not receive monetary compensation for the services contributed.
- I release Alphabet Soup Thrift Store from any and all liabilities related to or arising from my child's service as a volunteer.

Please initial how Alphabet Soup Thrift Store may use images of your child:

\_\_\_ I do hereby give permission to Alphabet Soup Thrift Store/Petaluma Educational Foundation to use my child's picture, portrait, photograph, image, or voice in any or all forms of marketing and advertising, including our website, social media, brochures, bulletins and displays.

\_\_\_ Alphabet Soup Thrift Store does not have my permission to release my child's photograph publicly regardless of the media type.

Sincerely,

Monica Zimmerman  
Store Manager  
(707) 778-4818  
monica@PEFinfo.com

Youth Volunteer: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Name (print): \_\_\_\_\_ School: \_\_\_\_\_  
Relationship to Volunteer: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature on this form acknowledges that I consent to my child volunteering at Alphabet Soup Thrift Store. I have read, understand, and accept the terms.*