



FAYETTE TOGETHER
Neighbors Network Program
Parental / Guardian Consent Form
"Because Community Starts with Us."

About Fayette Together

Fayette Together is committed to strengthening connections, fostering collaboration, and promoting positive community engagement in Fayette. The Neighbors Network Program provides meaningful volunteer opportunities through service, outreach, advocacy, and event participation. Volunteers are expected to uphold the Vision, Mission, Values and Guiding Principles of Fayette Together and serve as positive representatives of the organization.

Minor Volunteer Information

Volunteer Name: _____
Date of Birth: _____ Age: _____
Address: _____
School (if applicable): _____

Parent / Guardian Information

Name: _____
Relationship to Minor: _____
Phone: _____ Email: _____

Consent and Authorization

I grant permission for my child to participate in the Fayette Together Neighbors Network Program and related volunteer activities. I understand activities may include community events, meetings, service projects, and outreach efforts. I acknowledge Fayette Together will make reasonable efforts to provide a safe environment and that my child is expected to conduct themselves responsibly and follow all guidelines. I authorize emergency medical treatment if necessary and agree to be responsible for related expenses.

Emergency Contact (if different)

Name: _____ Phone: _____

Photo / Media Release (Check One)

- I give permission for my child's image to be used in Fayette Together materials.
- I do NOT give permission for my child's image to be used.

Parent/Guardian Signature

Signature: _____ Date: _____

Printed Name: _____