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**VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Minor”) hereby consent to and authorize the Minor to act as a volunteer for Art of Recycle. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by Art of Recycle and that failure to do so may result in the Minor’s immediate removal as a volunteer.

**MEDICAL WAIVER** I agree to share with Art of Recycle any medical conditions or medications taken that would affect my involvement in this volunteer assignment. \_\_\_\_\_\_\_\_\_ Guardian initials

**GENERAL WAIVER** On behalf of myself, the Minor, and our respective heirs and personal representatives, I do hereby expressly stipulate and agree to indemnify and hold forever harmless Art of Recycle its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the volunteer listed above, or by anyone on behalf of said volunteer for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the volunteer arising out of his involvement in their volunteer assignment. \_\_\_\_\_\_\_\_\_ Guardian initials

In signing this Release and Hold Harmless Agreement, I hereby acknowledge and are aware of the risks and hazards inherent in the volunteer assignment.  No insurance covering accident or injury has been provided for the volunteer.  Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will participation in the volunteer assignment be contingent on divulging any confidential medical information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of the Minor Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name of the Parent or Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian e-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact Person Phone Number

**Art of Recycle Summer Camp Volunteer Program (ages 12-18)**

**Purpose of program:**

To provide an environment that teaches the value of giving your time to the community. Our art center offers a setting that helps develop creative problem solving through interaction with adults and children of varying backgrounds, exploring new uses for everyday items and hands on experience with tools and art supplies. This program will not only be a positive use of their time away from school but also help them gain skills that they can carry into adulthood. We gladly will provide references for employment for any child that completes their volunteer commitment.

**Volunteers may participate in the following:**

* Be a tour guide for new visitors to the art center
* Maintain, stock and clean craft castle area
* Assist crafters
* Sort items
* Run register
* Pricing
* Help with workshops
* Cleaning and organizing

All jobs will be assigned based on age, skill level and ability. We encourage and provide the opportunity for the children to expand their skill level and confidence in completing tasks.

I (parent/guardian) am aware and give permission for (child’s name) to leave the premises accompanied by

an adult when the opportunity arises to volunteer at other local non-profits. I understand that these other locations

will be within the Ephrata area .ie. Free Geek, Re-Uzit.

Parent/Guardian signature. Date

Workman’s compensation does not cover volunteers in the state of PA.

Please provide insurance provider Group number Policy number.

In the event of medical emergency, I authorize Art of Recycle to act in my stead in administering necessary care until

such time that a parent or guardian can be reached at the emergency numbers provided.

Parent/Guardian signature

We recommend setting a regular weekly schedule for the best benefit.

How many hours/days do you plan on committing to

Days/dates and times available

Child’s signature