



ZAO INNOVATION HUB
TRANSFORMING TODAY, INSPIRING TOMORROW

Visit <https://zaoinnovationhub.com/forms> to get an online format.

Send completed form via our website or email to ZaoInnovationHub@gmail.com

1. General Consent Forms

- **Youth Participation Consent Form:** For guardians to consent to their child's involvement in your programs.
- **Consent for Counseling/Therapy Services:** For youth (and their guardians, if applicable) to agree to receive counseling.
- **Media/Photography Consent Form:** For permission to take and use photos or videos of participants during events.

2. Confidentiality and Privacy Forms

- **Confidentiality Agreement Form:** To assure participants and their guardians of privacy regarding sensitive information.
- **Release of Information Form:** For instances where information may need to be shared with other professionals or organizations (e.g., referrals).

3. Health and Safety Forms

- **Medical Information Form:** To collect details about allergies, medical conditions, or emergency contacts.
- **Incident Report Form:** For documenting any accidents, injuries, or behavioral incidents that occur during programming.

4. Risk Management Forms

- **Liability Waiver Form:** To protect the organization against legal claims for unforeseen incidents.
- **COVID-19 Screening and Waiver Form:** If applicable, to ensure compliance with public health guidelines.

5. Program-Specific Forms

- **Mentorship Agreement Form:** To outline expectations for mentors and mentees in mentorship programs.
- **Workshop or Training Registration Form:** To gather participant information for specific workshops or events.
- **Evaluation/Feedback Form:** For participants and guardians to provide feedback about programs.

6. Employment/Volunteer Forms

- **Volunteer Application Form:** For individuals assisting with programs or activities.
- **Code of Conduct Agreement:** For staff, volunteers, and mentors to uphold ethical and professional behavior.

7. Legal and Ethical Forms

- **Parental/Guardian Informed Consent Form (for Minors):** Legally required for counseling or mentorship sessions with minors.
- **Counselor Agreement Form:** To outline expectations and confidentiality for professionals offering counseling.
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Having these forms ensures legal compliance, transparency, and the safety of our participants and organization.



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1. Youth Participation Consent Form

Zao Innovation Hub

Youth Participation Consent Form

Participant's Name: _____

Program/Event Name: _____

Date: _____

I, the undersigned, consent to my child/youth's participation in the activities organized by Zao Innovation Hub. I understand that every effort will be made to ensure the safety and well-being of participants.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____



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2. Consent for Counseling/Therapy Services

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Consent for Counseling Services

I, _____, agree to participate (or allow my child) in counseling services provided by Zao Innovation Hub. I understand that all information shared during these sessions is confidential, except in cases required by law (e.g., harm to self or others).

Participant's Name: _____

Parent/Guardian Name (if under 18): _____

Signature: _____ **Date:** _____



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3. Media/Photography Consent Form

Zao Innovation Hub

Media Consent Form

I consent to Zao Innovation Hub using photos/videos of me (or my child) in promotional materials, including social media, websites, and brochures.

- ☐ Yes, I give permission
☐ No, I do not give permission

Participant Name: _____

Parent/Guardian Name (if under 18): _____

Signature: _____ **Date:** _____



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4. Confidentiality Agreement Form

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Confidentiality Agreement

I understand that all information shared within Zao Innovation Hub programs will remain confidential unless disclosure is required by law.

Participant's Name: _____

Signature: _____ **Date:** _____



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5. Release of Information Form

Zao Innovation Hub

Release of Information Authorization

I authorize Zao Innovation Hub to share the following information: _____ with
[Organization/Individual Name]: _____ for the purpose of _____.

Participant Name: _____

Parent/Guardian Name (if under 18): _____

Signature: _____ **Date:** _____



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6. Medical Information Form

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Medical Information Form

Participant Name: _____

Date of Birth: _____

Allergies/Medical Conditions: _____

Emergency Contact Name: _____

Emergency Contact Number: _____



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7. Liability Waiver Form

Zao Innovation Hub

Liability Waiver

I hereby release Zao Innovation Hub and its staff/volunteers from all liability related to my participation (or my child's participation) in their programs.

Participant Name: _____

Parent/Guardian Name (if under 18): _____

Signature: _____ **Date:** ____



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8. COVID-19 Screening and Waiver Form

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COVID-19 Screening and Waiver

1. Have you (or your child) experienced COVID-19 symptoms in the past 14 days? ☐ Yes
☐ No
2. Have you had close contact with a confirmed case of COVID-19? ☐ Yes ☐ No

I agree to follow all COVID-19 safety protocols as set by Zao Innovation Hub.

Participant Name: _____

Parent/Guardian Name (if under 18): _____

Signature: _____ **Date:** ____



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9. Mentorship Agreement Form

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Mentorship Agreement

This agreement outlines the roles and responsibilities of the mentor and mentee within the program.

Mentor Name: _____

Mentee Name: _____

Expectations:

- Meet for scheduled sessions.
- Respect confidentiality.

Mentor Signature: _____

Mentee Signature: _____



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10. Workshop Registration Form

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Workshop Registration Form

Workshop Name: _____

Participant Name: _____

Email: _____

Phone: _____



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11. Incident Report Form

Zao Innovation Hub

Incident Report Form

Date of Incident: _____

Location: _____

Description of Incident: _____

Action Taken: _____

Completed By: _____

Signature: _____ **Date:** _____



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12. Volunteer Application Form

Zao Innovation Hub

Volunteer Application Form

Name: _____

Email: _____

Phone: _____

Volunteer Position: _____

Volunteer Role: _____

Skills/Experience: _____

Signature: _____ **Date:** _____

Please note- Criminal Record Check (CRC) is required for interaction with vulnerable population



ZAO INNOVATION HUB
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13. Code of Conduct Agreement

Zao Innovation Hub

Code of Conduct

I agree to uphold Zao Innovation Hub's mission by promoting respect, inclusivity, and professionalism.

Name: _____

Signature: _____ **Date:** _____

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Send completed form via our website or email to ZaoInnovationHub@gmail.com