Community Help for Families in Need

VOLUNTEER PARENT / GUARDIAN VOLUNTEERING CONSENT FORM (CONFIDENTIAL)

Volunteers aged under 16 years of age are required to get parent/ guardian consent prior to undertaking volunteering duties with Big Group Hug Ltd. Parent/ guardian signature is required for all applications under 16 years of age at the time of volunteer engagement.

1. I agree that my child/ren's will work under the guidance of a supervisor and in accordance with the Work Plan, the Risk Assessment and Position Description, and comply with all rules and regulations relating to Work Health and Safety.
2. I am responsible for my child /ren's transport to and from the volunteering activity at the Big Group Hug warehouse located at 11-12 /337 Settlement Road, Thomastown. Any special instructions are listed below.

3. I am aware that it is preferable to leave valuable items at home. Big Group Hug will not take responsibility for participant's goods that are lost or stolen while participating.
4. I agree that Big Group Hug has the right to photograph/video my child/ren and use and distribute their image for publicity purposes, that may include brochures, newsletters, social media, display materials and on Big Group Hug's web site. These images remain the property of BGH. If photos/videos are being taken, it is my responsibility to remove my child from the image/video or advise if I don't want them to be included or to advise the Coordinator on duty.
5. I acknowledge knowingly and freely assume all risks, both known and unknown, even those arising from the negligent acts or omission of others and assume full responsibility for my own participation.
6. I acknowledge and fully understand that the volunteer activity involves some risk of injury which might result not only from my child/ ward's actions, inactions or negligence, but also the actions, inactions or negligence of others, environmental conditions or equipment used.
7. I hereby acknowledge that I have read and understood the above declaration and the details I have provided are true and correct at this time. Should any of the details change in relation to this application in the future, I will advise Big Group Hug in writing.
8. I acknowledge that my child/ren does not have any health or medical conditions that would affect ability and capacity to volunteer and impact or risk others.
9. I understand prior to commencement of that my child/ren will undertake a volunteer induction with Big Group Hug.

Parent/ guardian name (please print)	Parent/ guardian signature	Date