



## YOUTH VOLUNTEER CONSENT FORM

Signed consent is necessary for any volunteers 15-18 years old

I, the parent/guardian of \_\_\_\_\_ (youth's name printed) give permission for them to participate as a volunteer for Boca Grande Historical Society & History Center's Volunteer Program.

I, \_\_\_\_\_ (printed name of parent/guardian/legal custodian), further consent that Boca Grande Historical Society & History Center, may obtain necessary emergency medical treatment and/or transportation in the event of accident, injury, or sudden illness while said minor is engaged in the volunteer program.

I understand that program participants may be photographed/videoed by Boca Grande Historical Society & History Center and the local media for publicity of the program.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact Information of Parent/Guardian

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Return completed application to:

**(In-Person)** Boca Grande Historical Society & History Center at 170 Park Ave., Boca Grande, FL 33921  
**(Mail)** Boca Grande Historical Society, P.O. Box 553, Boca Grande, FL 33921  
**(Email)** Crystal Diff, Executive Director at [crystal@bocagrandehistoricalsociety.com](mailto:crystal@bocagrandehistoricalsociety.com)