



Town of Enfield

23 Main Street

PO Box 373

Enfield NH 03748

YOUTH VOLUNTEER PARENTAL CONSENT FORM

Must be completed for all volunteers under the age of 18

Youth's Name: _____

Will be volunteering at: _____

As a participant with (group name): _____

On Date(s): _____

The purpose of this document is to comply with the provisions of RSA 508:17, the Volunteer Immunity Laws. By serving as a volunteer you acknowledge that you and the youth named above are not employees of the Town of Enfield, and therefore not entitled to certain benefits provided to Town of Enfield employees, including, but not limited to, workers' compensation coverage. As a volunteer you and the youth named above agree to abide by all policies and procedures and follow the instruction of the Site Supervisor. Failure to do so will result in the termination of volunteer services for the Town of Enfield. All youth are prohibited from using chainsaws or any other power tools

I understand and accept the risks, hazards, and dangers inherent in carrying out the duties and responsibilities of the volunteer activities my youth is engaging in. I agree to release and hold harmless, the Town of Enfield, its officers, employees and volunteers, from and against all claims, demands, actions, and causes of action as a result of personal injury, death, or property damage sustained by my youth or by others due to the volunteer activity carried out by the youth named above.

I give permission for the use of quotes/photos of my child in Town of Enfield promotional materials, or in other ways to publicize volunteer events or activities.

Parent/Guardian Signature: _____

Relationship to Volunteer: _____

Date: _____

Received by Site Supervisor: _____

Date: _____

Please return form to Town Manager's Office
23 Main Street, PO Box 373, Enfield NH or townhall@enfield.nh.us