



# Gilbert House Children's Museum

## Youth Volunteer Permission Form

Your son/daughter has asked to volunteer at Gilbert House Children's Museum  
Please complete this form if you will allow him/her to volunteer.

### General Information:

Youth Volunteer's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

### Permission to volunteer, please initial your approval:

\_\_\_\_ My son/daughter has permission to volunteer at Gilbert House Children's Museum.

\_\_\_\_ My son/daughter may ride with an Gilbert House Children's Museum staff person in a van or car  
for volunteer-related activities under proper supervision.

\_\_\_\_ My son/daughter may have his/her picture taken and used for publicity purposes.

### Permission for Medical Treatment, please initial your approval:

\_\_\_\_ In an emergency, Gilbert House Children's Museum has my permission to call an ambulance or  
take my son/daughter to any available physician or hospital at my expense. I understand that every  
effort will be made to contact me or the emergency contact person(s) as soon as possible.

**It is understood that as a participant in the Volunteer Program, your son/daughter is not an employee of Gilbert House Children's Museum. By signing this application, you agree to release Gilbert House Children's Museum from all liability in the event of an accident, injury, or illness that occurs while your son/daughter is volunteering, as well as any damage, accident or injury that may be caused by your son/daughter against another volunteer or a guest of Gilbert House Children's Museum.**

\_\_\_\_\_  
Signature of Youth Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date