



Minor Volunteer Application Form

Name of Event _____

Date of Event _____

Name of Volunteer _____

Address _____

Contact Phone No. (Daytime) _____

(Evening) _____

Gender: Male Female

How many hours can you volunteer? _____

Are you interested in volunteering for other events? _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I, _____, am the parent/guardian of _____
(name of minor). I hereby give ACCC, Inc., their legal representatives, and assign the right and permission to publish, without charge, photographs/video taken during any ACCC, Inc. sponsored community outreach event.

The photographs/video may be used in publications including electronic publications, audio/visual presentations, promotional literature, advertising, or in other similar ways.

I hereby certify that I am the parent/guardian of _____, and I do hereby give my consent without reservation to the foregoing on behalf of this person.

Signature _____ Date _____