

RELEASE STATEMENT:
SAME DAY VOLUNTEER GROUP PROJECTS/MINORS (17
and UNDER). DATE: _____



PARENT NAME: _____

CHILD NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

GROUP: _____

I understand that The Salvation Army, a religious and charitable organization, requires the assistance of volunteers in the conduct of its various spiritual and social programs. It is my desire to further the work of The Salvation Army by giving permission for my child to perform services as a volunteer for:

That as a volunteer with The Salvation Army, my child is responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single member of staff, volunteer, client, or other person or involves the overall business of the organization.

INITIAL: _____

I accept that my child will perform such services as a volunteer, without compensation, and that in performing such services; I acknowledge that my child is NOT acting as an employee of The Salvation Army.

INITIAL: _____

I hereby give my permission for my child to be photographed by a representative of The Salvation Army for the sole purpose of promotion of the services available at The Salvation Army. I also understand that my child has the option at any time not to be photographed and not to be present if I, or they, choose.

I agree INITIAL: _____ **I do not agree INITIAL** _____

PARENT SIGNATURE: _____ **DATE:** _____

Please keep me informed of other volunteer opportunities, projects, and events available at The Salvation Army. Email: _____

Office Use Only: Type of service group will be giving: (Please indicate on Group Representative's form only and then keep all of this groups forms together):
--