



**MAILING ADDRESS:**  
Henrico County Public Relations  
P.O. Box 90775  
Henrico, Virginia 23273-0775

## Parental/Guardian Consent for Minor Volunteers (for group projects)

Thank you for volunteering with the County of Henrico! We appreciate the services that you will be providing us through the County of Henrico Volunteer Program!

**This form must be completed and signed by all minor volunteers under the age of 18, and their parent/guardian, prior to volunteering for a group assignment with the County. Please return the completed form to the County Volunteer Coordinator at [cam108@henrico.us](mailto:cam108@henrico.us) or the mailing address above.**

**Note:** Volunteers under the age of 14 years must be accompanied throughout the duration of their volunteer assignment by a parent or guardian.

### **Section A** (must be completed for minors ages 14-17)

I certify that my child \_\_\_\_\_ has my consent to participate as a volunteer in the County of Henrico Volunteer Program without remuneration or benefits. I also understand that all volunteers under age 18 **may not** be assigned duties involving, but not limited to the following:

- Driving County-owned motor vehicles
- Operation of power-driven machinery or equipment (e.g. chain saws, power shop tools, rock crushers, drill rigs, specialized equipment or vehicles)
- Use of toxic chemicals or other laboratory hazards
- Exposure to any unusual or unacceptable health or safety risk

### **Section B** (must be completed for minors under the age of 14 years)

Because my child is under the age of 14, I \_\_\_\_\_ agree to accompany the child to the volunteer assignment, and remain at the site until the assignment is completed.

Signature of Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Name of Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_