**MINOR** **VOLUNTEER SIGN-IN/ PERMISSION FORM**

PO Box 2497

Mount Vernon, WA 98273

(360) 336-0172 sfeg@skagitfisheries.org <www.skagitfisheries.org>

**Agreement:** **By my signature below, I give permission for my minor child to participate in a tree planting party on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

(Date)

**By signing, I certify that my child will:**

* Consent to any photos taken during event to be potentially used in print or electronic media
* Participate in safety training provided for the tasks being performed
* Follow all safety rules and regulations, avoid all workplace hazards and refuse to perform any work assignment I feel I am not qualified to perform
* Accept responsibility for the safe use and maintenance of tools and equipment used as part of my volunteer service
* Represent SFEG and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by my project supervisor
* Assume all risk related to this assignment, waiving all claims for personal injuries or damages to property against SFEG

Minor Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Legal Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Legal Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to receive notices of future volunteer events and stewardship activities, and/or print or electronic newsletters, please provide your contact information:

Email address Mailing Address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Office use only:

Project Site & Task Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SFEG Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing, the supervisor attests to the fact that safety training was provided to project volunteers for the tasks being performed