Winters Heritage House Museum Youth Volunteer Consent Form

Child's Name_____

Address_____

City_____ State_____ Zip Code_____

Parent/Guardian Cell Number_____

Work Number_____

Parent/Guardian Email _____

Child's Date of Birth_____

Emergency Contact Information

Contact Name_____ Relationship_____

Primary Contact Number_____

Alternate Contact Number_____

I, the parent/guardian of _____ (Child's name) give permission for them to participate as a volunteer at Winters Heritage House Museum.

I, _____ (printed name of parent/guardian), further consent that Winters Heritage House Museum, may obtain necessary emergency medical treatment and/or transportation in the event of an accident, injury or sudden illness while said minor is engaged in the volunteer program.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Date _____

Elizabethtown Preservation Associates dba Winters Heritage House Museum
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