



**St. Anna's Episcopal Church New Orleans
Teenage Volunteer Parental Consent Form**

Teenager's Name: _____

Teenager's Address: _____

Parent/Guardian Name: _____

Address (if different): _____

Parent/Guardian Phone: (Home) _____ (Work) _____

(Mobile) _____ E-Mail _____

I give permission for my child _____ to be a volunteer for St. Anna's Episcopal Church New Orleans (hereafter St. Anna's).

If accepted as a volunteer, I understand my teenager will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and will be expected to meet all the requirements of the position including regular attendance and adherence to St. Anna's policies and procedures.

I understand that my teenager will not receive monetary compensation for the services contributed.

I will support my teenager by respecting his/her volunteer commitment and providing transportation if needed.

As part of his/her work with St. Anna's I understand that my teenager may be photographed. I hereby grant St. Anna's permission to use photographs, motion pictures, audio tapes, video tapes or televising of my teenager or statements made by them in any print/audio/video/web publicity, advertising, website, social media or similar materials. I understand this may involve his/her

photograph on promotional materials for an indefinite period of time. I further understand that my teenager's name may or may not be displayed. I also agree that there will be no compensation for the use of my teenagers photograph. I hereby release St. Anna's from any liability in connection with the making, publication, distribution or other use of such materials.

I understand and give permission for my teenager to be transported by St. Anna's van/bus or with other volunteers/staff as needed for their work (i.e. field trips, change of venue, etc.). I understand that he/she will be responsible to the driver for their conduct at all times and will be expected to adhere to the conduct policies of the Anna's Place NOLA program. For the safety of all our students and staff, violation of these policies may result in the loss of program transportation as well as other disciplinary actions, including suspension or termination, as deemed necessary by the Anna's Place NOLA staff. I hereby waive all claims against St. Anna's Episcopal Church, Anna's Place NOLA, its staff/faculty/employees, and other representatives for injury, accident, illness, or death occurring during or by reason of this transportation.

I give my teenager permission to leave the facilities/grounds in which he/she will be working with St. Anna's Episcopal Church New Orleans during lunch breaks. I hereby release St. Anna's from any liability during this time. **INITIAL THIS STATEMENT IF**

PERMISSION GRANTED

_____ **Parent's Initials**

In case of emergency, please contact:

Name

Relationship

phone

Signature _____

Date _____

If you have any questions, please contact the Volunteer Coordinator at 504-507-0146 or the Parish Administrator at 504-947-2121.