

**Collings Park Trust**  
**Young Person's Volunteering Consent Form**  
**(for 14 to 17 year-olds)**

**Purpose**

Collings Park Trust's Volunteering Policy states that volunteers aged 14 to 17 years old may join arranged volunteering events unaccompanied by a parent/guardian, provided a signed consent form has been received from their parent/guardian.

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**Volunteer's Personal Details (please PRINT in BLOCK CAPITALS):**

<b>Name of volunteer:</b>	
<b>Home address:</b> <b>Postcode:</b>	
<b>Date of birth:</b>	
<b>Phone number:</b>	
<b>Any medical conditions, disabilities, allergies or dietary needs (if none please write 'NONE'):</b>	
<b>Doctor's name, address and telephone number:</b>	

**Volunteer's consent:**

I agree to take part in activities with Collings Park Trust as a volunteer. I agree to observe all safety information and other information explained to me or displayed where I volunteer.

I have read, understood and accepted the Trust's volunteering policy.

Signed by volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

**This section is to be completed by parent/guardian:**

I hereby give permission for the named young person to volunteer with Collings Park Trust.

I have read, understood and accepted the Trust's volunteering policy.

I understand that the volunteering role will include:

- General gardening and garden development activities
- Use of hand tools (young persons will not be permitted to use powered equipment)

This consent form will remain effective for the duration that the young person is a volunteer with Collings Park Trust, or until such time that it is withdrawn or superseded due to age.

*Please delete as necessary:-*

I agree/disagree to allow emergency medical treatment, in hospital if necessary.

I agree/disagree to the use of photographs of the young person to be used in promotional materials e.g. website, newsletters, wall displays etc.

<b>Signed:</b>	
<b>Print Name:</b>	
<b>Date:</b>	
<b>Relationship to volunteer:</b>	
<b>Emergency phone no:</b>	
<b>Alternative emergency contact name, relationship to volunteer &amp; phone no:</b>	
<b>Please give details, including any additional assistance, equipment, medicines or facilities needed by the named volunteer:</b>	