

**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.

**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effective for the duration that the young person is a volunteer with Collings Park Trust, or until such time that it is withdrawn or superseded due to age.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>	

**Data Protection**

All personal data provided on this form will be handled in accordance with the Trust's Data Protection Policy and Data Protection Procedure. These may be viewed on the Collings Park Trust website (<https://www.collingsparktrust.org>), or hard copies will be provided on request.

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