

**YOUNG VOLUNTEER PLACEMENT**

**PARENT/GUARDIAN/CARER CONSENT FORM**

Dear Parent/Guardian,

We are delighted that your child is interested in volunteering with Cornwall Hospice Care and we are looking forward to welcoming him/her to the team. In order for young people to volunteer with us we ask all those under the age of 18 to submit a consent form signed by their parent or guardian prior to them joining our charity. The minimum age to volunteer is 13 years\*.

**Please complete this section in CAPITAL LETTERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of volunteer** | | | | | | |
| Full Name |  | | | | | |
| Address | Postcode | | | | | |
| Telephone |  | | Mobile | | |  |
| Date of Birth |  | | Age | | |  |
|  | | | | | | |
| **Place of Volunteering activity** (to be completed by Volunteer Services Coordinator or Manager) | | | | | | |
| Location  Address | Postcode | | | | | |
| Name of Manager |  | | | | | |
| Type of activity the young person will be doing |  | | | | | |
|  | | | | | | |
| **Details of Parent/Guardian** | | | | | | |
| Full Name |  | | | | Relationship |  |
| Address | Postcode | | | | | |
| Telephone |  | Mobile | |  | | |
| Emergency contact if different from above |  | Mobile | |  | | |

\*13 years in certain volunteering roles subject to the Head of HR & OD & Head of Department discretion.

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| **Young Person’s Information** |
| Do we need to be aware of any medical condition or allergies? (If yes, please provide details and any medication needed). |
|  |
| Is there any extra help we need to provide? (for example because of a disability) |
|  |

**Information for parents and carers.**

Cornwall Hospice Care aims to provide a safe and enjoyable experience for every child or young person who participates in any volunteering activity with us.

To help us to do this please note the following information.

* All questions on the consent form must be completed and signed by the parent, guardian or carer before any child or young person takes part.
* Parents, guardians or carers must notify us of any changes to the information given on the form.
* Parents, guardians or carers must make arrangements for the child or young person to be brought to and from the volunteering location safely or to let us know in advance how the child or young person will be travelling.
* Cornwall Hospice Care cannot take any responsibility for any damaged, lost or stolen personal items during volunteering activity.
* The child or young person must follow the code of behaviour and Health and Safety procedures as outlined in the Volunteer Handbook.
* The child or young person will be provided with any training necessary for the safe and responsible performance of his/her duties and he/she will be expected to meet all the requirements of the volunteering role.

I understand that it is my responsibility to inform Cornwall Hospice Care of any changes to the information provided on this form and I hereby give my consent for (name of child/young person)

to participate in a volunteering activity with Cornwall Hospice Care.

|  |  |
| --- | --- |
| **Parent or Guardian Consent** | |
| Signed | |
| Print Name | Date |

Please complete this form and return it to us:

1. Email it to us at: [volunteer@cornwallhospice.co.uk](mailto:volunteer@cornwallhospice.co.uk)
2. Post it to: Volunteer Services

Cornwall Hospice Care

Mount Edgcumbe Hospice

Porthpean Road, St Austell, PL26 6AB