



**Youth Volunteer Information Sheet**

**(IN)volved**

(IN)volved is a youth volunteer database created to help youth get involved in both on-going and special volunteer opportunities in Abbotsford. If you are interested in signing up, please fill out the attached form and return it to the Abbotsford Youth Commission office. You can also send a completed scanned copy to [info@abbyouth.com](mailto:info@abbyouth.com)

**PARTICIPANT INFORMATION**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>BIRTHDATE</b>	
<b>HOME PHONE</b>	<b>PARTICIPANT CELL PHONE</b>	<b>AGE</b>	<b>GENDER</b>
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>	
<b>PARENT/GUARDIAN NAME</b>	<b>CELL PHONE</b>	<b>WORK PHONE</b>	
<b>EMERGENCY CONTACT NAME</b>	<b>EMERGENCY CONTACT PHONE</b>		
<b>EMAIL ADDRESS TO SEND OPPORTUNITIES:</b>			

**WAIVER**

I, the undersigned, do hereby agree to allow the individual named herein to participate in the aforementioned activity(ies), and I further agree to indemnify and hold the Abbotsford Youth Commission harmless from and against any and all liability for injury which may be suffered by the aforementioned individual arising out of, or in any way connected with, his/her participation in the named program.

**PARENT/GUARDIAN NAME (PRINTED):** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHOTO RELEASE**

As the parent/legal guardian of the individual named above I hereby give permission to the Abbotsford Youth Commission to use my child's/ward's name, photographic likeness and or voice recording in all forms and media for advertising, and any other lawful purpose and transfer to the Abbotsford Youth Commission any and all rights, including copyright, which I may have to this material. I give my permission as set out above.

**Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:**