



**UNITED CHURCH OF CHRIST
DISASTER RECOVERY
VOLUNTEER WORK GROUP OPPORTUNITIES**

PARENTAL RELEASE FORM *(for volunteers under age 19)*

Please return to Disaster Response Coordinator, Little Farms UCC, 135 Sauve Road, RiverRidge, LA 70123 at least three weeks before your date of arrival at work project.

(Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship with the United Church of Christ Disaster Recovery)

Name of
volunteer: _____
(Print Name)

I hereby give permission for my child to serve in the Disaster Recovery project coordinated by the Office of National Disaster Ministries and Office of Volunteer Ministries of the United Church of Christ. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her own medical insurance and will not hold the United Church of Christ liable for any injury or damage to my child while engaged in the disaster project.

Your relationship to participant: _____

Health Insurance

company: _____

Does your child have any physical limitation that might affect his/her work? _____

List any allergies/medications: _____

Date of last tetanus shot: _____

Special needs if any: _____

Volunteer Signature: Date:

Parent/Guardian Signature: Date:

Witness:

Date of Planned Work Trip:

Name of Church or Organization:
