



| <b>Lighthouse Youth Volunteer Declaration and Parental Consent Form<br/>(age 12 – 15)</b>   |  |
|---|--|
| Name of youth volunteer:  |  |
| <b><i>TO BE SIGNED AND DATED BY THE YOUTH VOLUNTEER</i></b>   |  |
| <p>I would like to help at Lighthouse Burnham 2012. I understand that these are Christian activities and I am happy to participate on that basis. The information I gave on my online application is true to the best of my knowledge. I understand that Lighthouse has policies for working with children and young people, which are presented in the Lighthouse Volunteers Handbook – available at <a href="http://www.lighthouseburnham.org.uk">www.lighthouseburnham.org.uk</a> and also issued to all volunteers during training. I agree to abide by these policies.</p> |  |
| Signed by youth volunteer:  |  |
| Date:   |  |
| <b><i>TO BE COMPLETED AND SIGNED BY THE YOUTH VOLUNTEER PARENT</i></b>  |  |
| <p>I consent to my child named above helping at Lighthouse as a youth volunteer and to the declaration above signed by them. I give permission for Lighthouse to give or authorise medical treatment if considered necessary.</p>   |  |
| Full Name (please print)  |  |
| Signature:  |  |
| Date:   |  |
| Emergency Contact Telephone number:   |  |
| <p>Note to parents/guardians: please ensure that your child's medical conditions (especially allergies) and special needs have been declared to us by them. Our medical teams do need to know if your child uses an inhaler, epipen, or will be taking medication during the Lighthouse day.</p>  |  |