

Parental Consent Form for Minor Volunteers

Dear Parent or Guardian:

For your minor child to volunteer with Mid Michigan Community Action Agency (MMCAA) and affiliated programs, we need your consent as well as a work permit for our records. Please review and sign this consent form and attach your child's work permit. If you have any questions or require further information, please contact the Benefits and Volunteer Coordinator at (989) 386-3805 ext. 1024 or snartker@mmcaa.org.

I, _____ (parent/legal guardian) and _____ (second parent/legal guardian) give my child, _____ consent to participate in MMCAA's Volunteer Program. I understand that giving consent means:

- I give permission to my child to volunteer in activities managed by or affiliated with MMCAA.
- I understand my child will work only when MMCAA staff are available to be on site with my child, in accordance with the State of Michigan's laws and regulations for employment of minors. I also understand my child will not be able to participate in volunteer activities if enough staff are not available.
- I understand my child will receive the necessary training to safely and responsibly complete any tasks as they are assigned. My child will be expected to follow all direction, rules and guidelines set forth in addition to MMCAA policies and procedures.
- I understand my child may be asked to participate in physical activity through the course of volunteer work. I understand in signing this consent form that I am also indicating my child is healthy enough for physical activity, and they do not have physical or health related problems that would restrict them or make normal physical activities dangerous. I also understand it is my responsibility to disclose any health-related problems that may pose a danger to my child, including but not limited to asthma, food allergies, etc.
- I authorize MMCAA to publish or release media of my child created while my child participates in volunteer activities for promotional or recognition purposes only.
Please check here if you **do not** consent to the release of media of your child. **If you do not check here, you indicate that MMCAA does have permission** to release media of your minor child.
- I understand by signing below I indicate I am the legal parent/guardian of the child named above. I also understand by signing below I give permission for my child to volunteer with MMCAA affiliated activities. I understand I can revoke this consent at any time by submitting my request, in writing, to MMCAA's Benefits and Volunteer Coordinator.

BY SIGNING BELOW, YOU INDICATE YOU GIVE CONSENT FOR YOUR MINOR CHILD TO VOLUNTEER WITH MID MICHIGAN COMMUNITY ACTION AGENCY, YOU ARE THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, AND YOU HAVE REVIEWED AND AGREE TO THE TERMS OF THIS FORM.

Signature of Parent/Legal Guardian 1 Name

Signature of Parent/Legal Guardian 2 Name

Parent/Legal Guardian 1 Name (PRINT)

Parent/Legal Guardian 2 Name (PRINT)

Date

Date

Privacy Policy

1. In the course of employment and/or service with Mid Michigan Community Action Agency (MMCAA), you may have access to information about our business, our customers and other employees/volunteers. This information must be kept confidential. If you are uncertain about whether information is confidential, check with your supervisor before discussing it with anyone.
2. All information pertaining to MMCAA clients is confidential and must not be discussed with or divulged to anyone unless performance of their official duties requires access to the information. Even the presence of a client should not be acknowledged to others without proper authorization.
3. If an employee/volunteer leaves, the employee/volunteer must surrender all information-bearing items in their possession, whether or not containing confidential information, including but not limited to flash drives and other storage media, notebooks, reports, and any other materials third party materials containing confidential MMCAA information.
4. Confidential information is to be used only in connection with legitimate functions of an employee/volunteer's job duties. The release of confidential information shall occur only with the proper authorization. If contacted personally about confidential information, the employee/volunteer should direct the inquiring party to Human Resources or their Program Director. Client files should not be removed from MMCAA offices.
5. Documents containing Social Security Numbers will be retained in accordance with the requirements of state and federal laws. At such time as documents containing Social Security Numbers may be disposed of, such disposal shall be accomplished in a manner that protects the confidentiality of Social Security Numbers, such as shredding.
6. Any employee/volunteer who knowingly obtains, uses or discloses Social Security Numbers for unlawful purposes or contrary to the requirements of this privacy policy shall be subject to discipline up to and including discharge. Additionally, certain violations of the Social Security Privacy Act carry criminal and/or civil sanctions. MMCAA will cooperate with appropriate law enforcement or administrative agencies in the apprehension and prosecution of any person who knowingly obtains, uses or discloses Social Security Numbers for unlawful purposes.

Signature of Employee/Volunteer

Date

Employee/Volunteer Name (PRINT)