



Community First
Yorkshire

Sample Consent Form for a Young Person aged under 18 (or aged 16 if living independently)

This information is confidential to us and will only be shared in case of emergency.

This form is to cover all volunteering undertaken by:

Volunteer Name:

Date of birth:

In case of emergency please provide the following information.	
Emergency Contact 1	
Name	
Relationship to volunteer	
Tel (home)	
Tel (work)	
Mobile No	
Email	
Availability	
Emergency Contact 2	
Name	
Relationship to volunteer	
Tel (home)	
Tel (work)	
Mobile No	
Email	
Availability	
Doctor's Details	
Name	
Address:	
Tel	

Do any of the following disabilities, difficulties or health problems need to be considered? (please tick if relevant)

Learning difficulty		Mental health issues	
Learning disability		Physical disability	
Sensory disability		Long-term or life-limiting illness	
Multiple disabilities			

Tetanus Injection in last 5 years: Yes/No
(to volunteer with animals/environment an up-to-date tetanus is essential)

Allergies (please specify)

Other

Do we need to consider any medical conditions and treatments? (e.g. asthma, epilepsy etc):

Consent is hereby given for _____ to take part in any activity/volunteering organised by **[organisation name]**

Parent/ guardian/ 16 living independently

Signed: _____

Print Name: _____ Date: _____

I give my consent for photographs to be taken and understand that they may be used for publicity by us including on social media, websites and in newsletters (*you may like to have a separate media agreement if this will be a regular feature of this volunteering*)

Parent/ guardian/ 16 living independently

Signed: _____

Print Name: _____ Date: _____

In accordance with the 1998 Data Protection Act we will hold all details and they will be stored and only used for statistical purposes.

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