

For those under the age of 19 interested in volunteering with the Children's Health Foundation of Vancouver Island, please have a parent/guardian complete this form and email to volunteer@islandkidsfirst.com. Please note, a full application form (<https://islandkidsfirst.com/volunteer-application/>) is also required.

Parent/guardian information

Name: _____ Preferred pronouns: _____
Address: _____
Phone number: _____ Email: _____

Child/volunteer information

Name: _____ Preferred pronouns: _____
Address: _____
Phone number: _____ Email: _____
Emergency contact person: _____ Relationship: _____
Phone: _____

Terms & conditions

- I understand that my acceptance as a volunteer with Children's Health Foundation of Vancouver Island will be at the discretion of the Foundation.
- I recognize that participation as a volunteer cannot be guaranteed.
- I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement.
- I consent to a criminal record check (only for certain positions such as working in the homes or with vulnerable populations - we will notify you prior to conducting a check if it is required)
- I acknowledge and confirm that all confidential information I gain through the course of my volunteering with CHFVI will remain in strict confidence during and after my volunteering with those agencies. I will respect confidential information that I am given regarding the organizations and persons involved, including clients, volunteers, donors, staff, and others.

- Children’s Health Foundation of Vancouver Island collects information from you for the purpose of providing volunteer services. The information collected is treated as confidential and is only disclosed for the above purpose. I give consent to use the information as specified above.
- I consent to having my references contacted (only for certain positions) & emergency contact (if needed)

I, _____ have full legal authority to consent to my
(Parent/guardian name)
child volunteering with the Children’s Health Foundation of Vancouver Island.

I hereby give consent for _____
(Child/volunteer name)
to volunteer with the Children’s Health Foundation of Vancouver Island.

I have read and agree with the terms and conditions listed above.

Parent/guardian Signature: _____

Date: _____