**Youth service volunteer consent form**

Name of organisation…………………………………………………………………………

Volunteer start date…………………………………………………………………………...

**Personal details**

Young person’s name………………………………………………………………………...

Date of birth…………………………………………………………………………………....

Address and postcode……………………………………………………………………………………….

…………………………………………………………………………………………………..

**Parents and cares permission**

I give permission for my child to take part in the volunteering above, including all the activities involved (see role description). 

Has your child received the Covid vaccination? Yes  No 

Your name……………………………………………………………………………………..

Relationship to young person………………………………………………………………..

Address and postcode if different from above……………………………………………..

…………………………………………………………………………………………………..

Contact number……………………………………………………………………………….

**Signature………………………………………………………….**

**Date…………………................................................................**

|  |
| --- |
| **Data Protection** Action on Disability (AoD) takes your privacy very seriously. When you share information with us, we will always tell you how we will use it. We always act on your instructions to put you in control of the information you share and your relationship with us. For a full version of our privacy statement and policy go to <https://actionondisability.org.uk/update-privacy-notice/>The information detailed in this membership form is used to minimize risk and to provide appropriate support. Action on Disability youth service will review consent and information held at AoD annually. If at any time you would like to access your information or would like to remove the information we hold, then please contact us. Some of our projects are contracted by LBHF youth services and are delivered with partner agencies. Other projects rely on specific income from charities, trust funds and central government. In order to meet funding requirements we often have to share your personal and sensitive information. For specific information about what we share and with whom please discuss with the youth service team. **Please tick this box if you consent to the above** From time to time we and our partner agencies may use photography of young people for publicity.**If you do consent please tick** I confirm that the all information provided is accurate (please sign below)Signature of parent/guardian: Date:logo-LBHF[1]A8987BB9-7A28-4276-A120-46F4153618A7[1]DEBK_Primary_Logo_FV_Green_Solid_1000pxImage result for young hammersmith and fulham foundation logoLyricHammersmith[1]Image result for duke of edinburgh logoDaisy-Trust-Logo-w-strap-line_web[1]**C:\Users\TamaraS\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\SKCCA41X\Member 2018-19.png (002).png**Image result for jack petchey logo |