VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)
PARENTAL CONSENT REQUIRED

I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for Casa El Buen Samaritano. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I understand that volunteering involves a commitment to work in a responsible manner and will arrange reliable transportation if necessary. I agree and understand that the Minor must comply with the rules and regulations established from time to time by Casa El Buen Samaritano and that failure to do so may result in the Minor's immediate removal as a volunteer.

As a result of volunteering with individuals seeking assistance from Casa El Buen Samaritano, I agree to keep all information viewed by me or shared with me confidential. I understand that no information concerning clients shall be released to other persons or agencies without written, signed consent of those involved.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore. On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Casa El Buen Samaritano, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for Casa El Buen Samaritano. I hereby release and discharge Casa El Buen Samaritano, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

_____ _____
Signature of Minor Volunteer Date

_____
Printed Name of Minor Volunteer

_____ _____
Signature of Parent/Legal Guardian Date

_____
Printed Name of Parent/Legal Guardian

_____
Emergency Contact Name(s) and Phone Number(s)

_____ _____
Signature of Volunteer Coordinator or Designee Date

_____
Printed Name of Volunteer Coordinator or Designee

Please return by email (info@casaelbuen.org), fax (713.721.0104),
or mail (P.O. Box 20487, Houston, TX 77225).