



Kids Escaping Drugs Volunteer Consent Form and Rules of Conduct

Thank you for volunteering with Kids Escaping Drugs! Our mission is to empower adolescents and families to live a life free from the disease of addiction through community outreach, education, and early intervention.

We are dedicated to providing a safe and protected environment for all of our volunteers. To ensure the safety and well-being of all our volunteers, we ask that you sign this consent form. All volunteers under the age of 18 *must* review our guidelines with their parent/legal guardian and return a signed copy to Kids Escaping Drugs. No minor will be allowed to volunteer without the signed consent of their parent/legal guardian.

Rules of Conduct:

1. Follow instructions of KED staff or identified supervisors.
2. Wear appropriate clothing (no short shorts, t-shirts promoting alcohol or tobacco products etc, standard caps etc.) A volunteer lanyard will be provided for you to wear for the duration of the event.
3. Notify your supervisor if you need to leave the volunteer area and check-in upon your return.
4. Do not share any personal information with clients or alumni of the Renaissance Campus.
5. Minors must not leave volunteer area alone for any reason including use of restroom facilities. Arrangements will be made to have a supervisor or adult accompany you.
6. No smoking at any time while volunteering for KED unless on a break and in a posted "smoking area."
7. Only those volunteers designated by an identified supervisor may accept donations on behalf of KED.
8. No gifts or gratuities may be accepted while volunteering.

These guidelines are not meant to deter anyone from volunteering, but rather to ensure your safety and provide the best possible experience for all our volunteers.

(Please keep top portion for your records)

Please complete and return this form:

(detach bottom portion)

I have read and understand the rules of volunteering for Kids Escaping Drugs.

Volunteer Signature

Parent / Legal Guardian Signature, if under 18

I, _____ understand that every precaution will be taken to ensure my safety and well-being.

In the unlikely event of an accident or illness - Kids Escaping Drugs and their staff and volunteers – are hereby released from any liability.

Volunteer Signature

Parent / Legal Guardian, if under 18

Date

Volunteer Printed Name

Parent / Legal Guardian, if under 18

Event Name

Volunteer Email Address

Volunteer Address

Volunteer Phone Number

Emergency Contact - Name

Emergency Contact - Phone Number