|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | | Age | Grade |
| Home Address (address, city, state, zip) | | Date of Birth | |
|  | |
| Parent(s)/Guardian(s) (Print clearly) | | Home/cell Phone # | |
| Primary E-mail | | Work Phone # | |
| In the event of an emergency give the name and phone # of friends/relatives we can contact who will know how to reach parent(s)/guardian(s). | | | |
| Emergency Contact Name | Relationship | Phone # | |
| Emergency Contact Name | Relationship | Phone # | |
| Allergies | | | |
| Please indicate who is allowed to pick up your child. (Name/Relationship) | | | |

Thank you for your interest in our Youth Volunteer Program. In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form. Completed forms can be emailed to [kwood@compassinn.org](mailto:kwood@compassinn.org) or mailed to Ligonier Valley Historical Society, PO Box 167, Laughlintown, PA 15655.

Note: This Parental Consent Form must be filled out for all volunteers under age 18.

By signing below, I acknowledge that I have reviewed the following:

1. My child’s work will be supervised by an adult chaperone. I believe that my child is mature enough to behave appropriately while he or she volunteers.
2. I understand that the Ligonier Valley Historical Society/Compass Inn Museum (LVHS/CIM) occasionally photographs or videotapes activities held at its buildings and at special events in the community, for use solely in connection with official LVHS/CIM publications, its website, or in social media. By allowing my child to volunteer with LVHS/CIM, I give my consent for LVHS/CIM to record and use my child’s image to raise awareness about LVHS/CIM and its mission. **If you do not wish for your child to be photographed, please check here:**

I release LVHS/CIM, its sponsors, employees, board members, volunteers and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to my child’s volunteer activities, unless the claim is based upon the conduct of an LVHS/CIM employee in the course and scope of his or her employment. I further agree to indemnify and hold LVHS/CIM harmless from any and all claims arising from my conduct or the conduct of my child while he or she is volunteering for LVHS/CIM.

Name of Parent/Guardian (print)

Signature of Parent/Guardian Date

Interest Survey

Why do you want to volunteer with us?

Below are various ways you can volunteer with the Ligonier Valley Historical Society and Compass Inn Museum. Please indicate those you are interested in.

\_\_\_Living History Weekends (third weekend of June, July and August)

\_\_\_School Tours (throughout the year, majority during May)

\_\_\_Halloween Hauntings (Weekends, End of October)

\_\_\_Candlelight tours (Weekends, November and December)

Please list any special skills or interests: