

CHILD / YOUTH VOLUNTEER FORM

(under 18 years of age)

Rainbow Days, Inc. is a nonprofit charitable organization that works with at-risk children. To conduct its programs, Rainbow Days requires the assistance of volunteers, and EACH individual who desires to help our organization and the children we serve is required to complete a volunteer form. Volunteers must also complete an orientation. Completion of this form and the background check does not mean that an individual will be selected as a volunteer. Volunteers will be selected at the discretion of Rainbow Days.

Please truthfully and accurately complete this form and any attachments and fax, email or mail back to Rainbow Days at least 7 days before you desire to volunteer. Thank you!

Child/Youth Name: _____

Date of Birth: _____ (mm/dd/year)

How did you hear about Rainbow Days? _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Home Ph: (____) _____ Work Ph: (____) _____ Cell Ph: (____) _____

In Case of Emergency Contact: _____ Contact Number: (____) _____

Why would you like to volunteer for Rainbow Days? _____

What do you like about helping children and other people? _____

I agree that, upon selection as a volunteer, I will perform my volunteer responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee or agent of Rainbow Days-

I understand that any false or misleading information submitted on or omitted from this form may result in the immediate termination of my volunteer assignment.

I understand that Rainbow Days reserves the right to terminate my status as a volunteer at any time and that, upon such termination, I will return any and all property issued to me by Rainbow Days.

I, _____, understand my role as volunteer. I agree to conduct myself in a courteous, respectful and responsible manner as a volunteer and role model for the children served by Rainbow Days and to adhere to the Volunteer Code of Conduct as stated in Rainbow Days' Volunteer Handbook (available on Rainbow Days' website: www.rdikids.org).

Parent / Legal Guardian's Printed Name: _____

Parent / Legal Guardian's Signature: _____

Minor's Printed Name: _____

Minor's Signature: _____

Today's Date: _____ (mm/dd/year)

CHILD / YOUTH VOLUNTEER WAIVER

All volunteers under the age of 18 must be accompanied by a parent or legal guardian at all times at project/event site and must have this signed waiver form on file. Volunteers without this waiver are not eligible to volunteer.

I give permission for my child, _____, to volunteer for Rainbow Days, Inc., a nonprofit charitable organization. I attest that I have legal authority to execute this agreement on his/her behalf.

I acknowledge that Rainbow Days does not provide Worker's Compensation Insurance coverage for its volunteers. In connection with my child's voluntary involvement in activities for Rainbow Days I hereby agree, for me and my child, our heirs, assigns, executors and administrators to release and hold harmless Rainbow Days, its nonprofit partner agencies and partners ("Releasees") from all claims, demands and actions for injuries or death sustained to my child and/or damage to or destruction, loss or theft of property of my child and to the property of others as a result of my child's involvement in such activities, whether or not resulting from my child's negligence or the negligence of any other individual, or from accidents with or without negligence, or from the intentional actions of other individuals I further agree to release and hold Rainbow Days and the Releasees harmless from any cause or action, claim or suit arising therefrom. I attest that my child's attendance and involvement in such activities is fully voluntary, that I am allowing my child to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document. By signing below, I am agreeing to all of the terms stated above.

I have read the foregoing agreement and release. I hereby voluntarily execute and give my express consent to the execution by my child of this agreement and release, and I will not revoke my consent.

I approve of my child serving as a volunteer for Rainbow Days. I also acknowledge that my child's time volunteering with Rainbow Days is dependent on his/her ability to show respect, leadership and to contribute positively to the children served by Rainbow Days.

Today's Date: _____ (mm/dd/year)

Parent / Legal Guardian's Printed Name: _____

Parent / Legal Guardian's Signature: _____

Minor's Printed name: _____

Please return this form to:

Attn: Mitzi White, Volunteer Coordinator
Rainbow Days, Inc.

8150 N. Central Expressway, Suite 1600, Dallas, TX 75206
(214) 887-0726 Phone / (214) 887-0729 Fax
mitzim@rdikids.org / www.rdikids.org

