

Event Location:

Date:

SCO Event Supervisor:

Project Volunteer Information Form

Thank you for volunteering at SCO Family of Services. At SCO, we are committed to providing unconditional care to New Yorkers in need, while helping them build a strong foundation for the future. Without turning anyone away and by providing a suite of services, we enable each individual to meet life's challenges. We focus on helping everyone we serve reach four goals: literacy, work, well-being and strong community and family life, creating a path to a strong, self-sufficient future.

We consider our volunteers to be a valuable contribution to the success of our programs. With the support of our volunteers, we are able to get young children off to a good start, launch youth into adulthood, stabilize and strengthen families and unlock potential for children and adults with special needs. It is through your time and energy that over 60,000 people are helped each year.

<u>IMPORTANT:</u>

- No pictures may be taken at any time of children, youth, adults or families helped by SCO Family of Services
- * No volunteers are to be left alone with any of the children, youth, adults or families helped by SCO Family of Services
- Please do not bring outside food/beverages unless cleared by SCO event supervisor

Publicity Consent:

In connection with its marketing and public relations, SCO Family of Services (referred to as "SCO") has requested your permission to use some or all of your, and perhaps your child's images, reflections and video. By allowing SCO to do so, you are contributing to SCO's communication efforts that will help SCO to serve families, children, youth and individuals in need of SCO's services.

- ☐ I consent that my picture, video, story and/or that of my child's may be used for SCO marketing materials
- □ I DO NOT consent that my picture, video, story and/or that of my child's may be used for SCO marketing materials

Adult Volunteer (Age 18+)	Underage Volunteer
☐ I am interested in receiving information about volunteer opportunities	
Printed Name of Participant	Printed Name of Parent or Legal Guardian of Participant
Company/Organization/Group	Parent or Legal Guardian's phone number
Email Address	Printed Name of Child Participant
Address	I give consent for my child to participate in this volunteer activity. I acknowledge that I am responsible for the safety and supervision of my child at all times.
City State Zip	
	Signature of Parent or Legal Guardian of Participant
Signature of Participant Date	* Please fill out one form for each child participating