



YOUTH for seva[®]
experience the joy of giving

Consent Form- "Youth for Seva, Internship/Seva Volunteering Program"

Name of Volunteer/Intern Date of Birth Age.....

***Parent Consent Mandatory if volunteer/Intern is below the age of 18 (eighteen)**

Name of Parent/Guardian.....

Current Residential Address:

.....

..... Postcode

Mobile: E-mail:

Does the Volunteer/Intern suffer from any medical conditions/allergies that the organization should be aware of (including any current medication?)

.....

(Optional) Please provide details of medication that must be administered:

.....

Emergency contact details: (If different from above)

Name: Active Telephone no:

Relationship to son/Daughter/ward:.....

CONSENT (please read carefully)

- I agree to my son/ daughter (if volunteer is below the age of 18) or myself taking part in the activities of the Internship/Seva Volunteering Program with Youth for Seva at _____(mention the place).
- I confirm to the best of my knowledge that my son/ daughter (if volunteer is below the age of 18) or myself does not suffer from any medical condition other than those listed above.
- I consent to my son/ daughter (if volunteer is below the age of 18) or myself travelling by any form of public transport, minibus, motor vehicle etc during Youth for Seva Internship/Volunteering programs or any other event/program interns/volunteers are participating.
- I understand that the Internship/Seva Volunteering Program will include a photography and film component in which my son/Daughter/ward will be both photographed and a photographer. I understand that these images will be part of Youth for Seva publications that includes their social media handles, print materials, press and any other mass media publications.
- I hereby give my consent to Youth for Seva authorities to take/send my son/Daughter/ward (if volunteer is below the age of 18) or myself for Study Tour/Fieldwork/Internship/rural immersion/slum visits conducted/arranged by the Youth for Seva, and hereby declare that in case of any accident/sickness/death due to negligence on his/her part while on such engagements, Youth for Seva will not be held responsible.
- I hereby accept to follow Youth for Seva (YFS) Internship/Seva Volunteering Program guidelines, and I understand that any violation of these guidelines will lead to my suspension from the enrolled YFS Internship/Seva Volunteering program.

Signed Parent/ Guardian (if Volunteer is below the age of 18) or Self. Date:

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