

# EVERYBODY EATS VOLUNTEER PORTAL

## PARENTAL CONSENT FORM

For Volunteers Under 18 Years of Age

I, \_\_\_\_\_ (Parent/Guardian Name), hereby give my  
consent for my child \_\_\_\_\_ (Child's Full Name)  
to volunteer with Everybody Eats at their charitable restaurant locations.

I understand that:

- â€¢ My child will be volunteering in a kitchen/restaurant environment
- â€¢ Activities may include food preparation, serving, and cleaning
- â€¢ Adult supervision will be provided during all volunteer activities
- â€¢ My child must follow all health and safety protocols
- â€¢ I am responsible for transportation to and from volunteer shifts

### EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

### MEDICAL INFORMATION:

Does your child have any allergies or medical conditions we should know about?

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I have read and understood this form  
and give my consent for my child to volunteer with Everybody Eats.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed and signed form to: [volunteers@everybodyeats.nz](mailto:volunteers@everybodyeats.nz)

For questions, contact us at: (09) 123-4567