



DOING THE MOST GOOD™

VOLUNTEERS
WAIVER FORM FOR YOUTH



My son/daughter/ward has my permission to participate as a _____ Youth volunteer. I understand that he/she is volunteering his/her time and waive all rights for compensation. He/she will only perform volunteer assignment as directed by the staff of The Salvation Army. I agree to release The Salvation Army of any and all claims that may arise as a result of expenses, personal injury, loss, or damages incurred while volunteering.

All questions have been answered to my satisfaction, and I give my permission for his/her participation.

Name Of Youth _____

My Name _____

Please Print

Relationship To Applicant _____

Signature _____

Date ____/____/____