

Volunteer Name

NVGAG Youth Volunteer Parent/Guardian Consent Form

E-mail	
Parent/Guardian Name	
E-mail	
Note to Youth Volunteers and Parents/Guardians: The N rehabilitative sporting event, are an extension of VA health staff, Veteran athletes, and volunteers participating in this eare entitled to services offered by VA, even if they have had specifically disqualifies them. Our job is to provide care to Volunteers as that care is provided.	care offered in our medical centers and clinics. The event come from diverse backgrounds. Eligible Veterans problematic incidents in their past - unless the law
Youth Volunteer : I agree to adhere to the policies and proof information pertaining to the athletes and their involven and/or visitor is abusive, makes inappropriate gestures, advance feel uncomfortable, I will immediately inform my event the responsibility to protect myself and others by complying	ment in this event. If a Veteran, staff member, volunteer, vances, or conversation, that is in a manner which makes lead or a NVGAG Volunteer Team Staff member. I accept
Volunteer Signature:	Date:
Parent/Guardian : The above named volunteer has my conthe National Veterans Golden Age Games. I have read the their obligation to the event. I understand the requirement required by the NVGAG. I further give my consent for my consent volunteering.	above agreement as signed by my child and understand its for my child to adhere to all COVID-19 protocols
Parent/Guardian Signature:	Date:

Please print, sign (both volunteer and parent/guardian), and return this form to the NVGAG Volunteer Staff at check-in. For any concerns or questions, contact the NVGAG Volunteer Team at VACONVGAGVolunteers@va.gov.