



**AIFF Youth Volunteer  
Parental Consent Form**

Your daughter/son has submitted an application to volunteer with the non-profit ashland independent film festival. In order for your daughter/son to become a volunteer with us, we need your consent and involvement in helping them have a productive experience.

**This Parental Consent Form must be filled out for all volunteers under age 18.**

I agree to allow my daughter/son \_\_\_\_\_ to volunteer with the Ashland Independent Film Festival.

I understand that she/he will be provided with orientation and training necessary for the safe and responsible performance of her/his duties and that she/he will be expected to meet all the requirements of the position, including regular attendance and adherence to AIFF policies and procedures.

I understand that he/she will not receive monetary compensation for the services contributed.

I give permission for my child to be interviewed and/or photographed by the media and/or AIFF and used in promotional materials.

Your signature below indicates that you have read the information provided above and agree to allow her or him to volunteer.

Volunteer Name \_\_\_\_\_

Your relationship to volunteer \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
date

Thank you, if you have any questions please contact: [volunteers@ashlandfilm.org](mailto:volunteers@ashlandfilm.org)

Office Use Only

AIFF Staff \_\_\_\_\_

Date \_\_\_\_\_