



## FOZA Parental Consent Form

I, [Parent or Guardian's Name] \_\_\_\_\_, am the parent/legal guardian of [Volunteer's Name] \_\_\_\_\_, and I hereby grant my consent for them to volunteer with Friends Of Zayne Adams (hereinafter referred to as "FOZA").

I understand and acknowledge that FOZA is a nonprofit organization dedicated to raising awareness about postpartum depression, preventing maternal suicide, and supporting the children who are left behind. I have reviewed the information provided on the FOZA website and social media pages about the organization's mission and activities.

I understand that [Volunteer's Name] \_\_\_\_\_ will be participating in volunteer activities that may include, but are not limited to,

- Learning about the FOZA Amplifier Program, its initiatives, and services.
- Planning and hosting virtual FOZA Amplifier Program events in my community.
- Acting as a community contact for the FOZA Amplifier Program.
- Re-posting news and banners on social media platforms such as (LinkedIn, Facebook, Instagram, etc.)
- Helping FOZA better understand the needs and uniqueness of communities nationwide.
- Assisting with virtual events, supporting awareness campaigns, and engaging in discussions related to sensitive topics

I acknowledge and agree to the following terms and conditions:

1. [Volunteer's Name] \_\_\_\_\_ will abide by FOZA's guidelines, policies, and instructions provided by the organization's staff and volunteers.

2. I understand that discussions and activities related to FOZA's mission may involve sensitive topics, and I am aware of [Volunteer's Name]'s [Volunteer's Name] participation in such discussions. I acknowledge that FOZA is committed to handling these topics with care and sensitivity.

3. I understand that FOZA will implemented regular check-ins, to ensure the well-being of all volunteers.

4. I consent to the use of photographs, videos, or other media capturing [Volunteer's Name] [Volunteer's Name] during their volunteer activities for promotional or educational purposes related to FOZA, while respecting their privacy and confidentiality.

5. I understand that FOZA will take all reasonable precautions to ensure [Volunteer's Name] safety during volunteer activities, but I release FOZA, its officers, volunteers, and agents from any liability for any injury, illness, or damage that may occur during [Volunteer's Name]'s participation.

6. I agree to maintain open communication with FOZA regarding [Volunteer's Name] involvement, and I will promptly inform FOZA of any changes in contact information or any concerns or questions that may arise.

By signing this consent form, I confirm that I have read and understood the terms and conditions outlined above, and I grant my consent [Volunteer's Name] to volunteer with FOZA.

Parent/Guardian's Name (Printed): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information:

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_