

# MPN Student Volunteer Parental Agreement Form

Dear Parents/Guardians,

Your child has expressed interest in volunteering for our organization. Thus, we would like to give you an overview of who we are and what we do.

The Minority Psychology Network (MPN) is a new non-profit organization that seeks to combat the stigma surrounding mental health by providing culturally competent education to various communities through workshops, trainings and our peer counseling curriculum. Our efforts are to bring awareness, reduce stigma, and encourage seeking help to underserved communities through a cultural sensitivity lens. In addition we are also creating a network/database of minority professionals (e.g. physicians and mental health workers) so that those of the community can gain help from professionals who look like them and who are able to speak to their individual cultural experience.

In order for your child to become a volunteer with us, we need your consent and involvement in helping them to have a productive experience. Please read and sign this parental consent form if you would like MPN to continue the process of considering your child as a volunteer.

Volunteer duties include, but are not limited to, the following:

- Assisting MPN with the setup and breakdown of workshop materials
- Ushering audience members to MPN events
- Assisting MPN members with handing out informational materials
- Providing basic information to audience member about MPN

Volunteer can benefit from this opportunity in the following ways:

- Networking opportunities
- High School volunteer credit
- Civic Engagement
- Service Learning Opportunities
- Mentoring Opportunities
- Community Engagement

Name of Youth Volunteer (Print): \_\_\_\_\_

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity, if accepted by the MPN. I understand that he/she will be provided with any training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to City policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

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Parent/Guardian Name (print clearly): \_\_\_\_\_

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

Relationship to volunteer: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

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

Volunteer Signature: \_\_\_\_\_

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