

Consent Form

I,

Please print full name in block letters

confirm that the information I have provided on the volunteer application form is true and accurate. Furthermore, by submitting this application, I hereby grant El-Aged Care Ltd the right to use all or any of the media information that may be associated with me in the course of volunteering at El-Aged Care such as photographs, video, etc for educational, promotional and recognition purposes of El-Aged Care and its programs and services.

Signature of participant and date

Signature of witness and date

Print name of participant

Print name of witness

Applicants under 18 years of age, their parents/guardians required to sign the consent form

I am a parent/guardian of the participant and consent to and agree we shall be bound thereby.

Name and signature of a parent/guardian

Name and signature of witness

Date

Parent/guardian phone number