



## CONSENT TO VOLUNTEER & SAFEGUARDING FORM

As you are the parent / carer / legal guardian of a person under the age of 18, your signature is required to grant consent for them to volunteer with Special Olympics Ireland and to take part in Safeguarding Training.

I,  
*[name of parent or guardian]*

as the Parent/Carer/Legal Guardian

of  
*[print name of volunteer applicant]*

DOB  
*[Date of Birth of applicant]*

- grant consent for the above named applicant to volunteer\* with Special Olympics Ireland. \*(subject to the outcome of their application)
- grant consent for the above named applicant to attend Safeguarding training. I am aware that this training may take place online via a virtual platform, i.e. Zoom, Teams, Webex etc. or in a classroom setting.
- confirm that the above named applicant has requested me to provide these consents.

### **15 years only**

*Special Olympics Ireland is asking for your permission to use the applicant's likeness, photo, video, name, voice, words to promote the organisation for the purposes of, but not limited to events, competition, fundraising, awareness and sponsorship.*

I give permission to use Applicant's likeness

I don't give permission to use Applicant's likeness

Signed: \_\_\_\_\_  
*[parent or guardian]*

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