

Volunteer Informed Consent Document

Date: _____

Dear Volunteer,

Thank you for your willingness to participate as a volunteer in our program. This document serves to inform you about the nature of your involvement, the risks involved, and your rights as a volunteer.

Program Description

You will be participating in the _____ program, which aims to _____. Your role will include _____.

Voluntary Participation

Your participation is entirely voluntary. You have the right to withdraw from the program at any time without penalty.

Risks and Benefits

While we strive to create a safe environment, there may be some risks involved, including _____. The potential benefits of your participation include _____.

Confidentiality

All information obtained during the program will be kept confidential and will only be shared with authorized personnel.

Consent

By signing this document, you acknowledge that you have read and understood the information provided and agree to participate in the program.

Volunteer Signature

Printed Name

Date

For any questions or concerns, please contact us at _____.

Thank you for your commitment to our cause!

Sincerely,
[Your Organization's Name]