



Volunteer Permission Slip (Volunteers Under Age 18)

I give my permission for _____ to participate as a volunteer at the
PARTICIPANT FULL NAME

Volunteer Information

DOB: _____

Gender: Female: Male:

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home):

Parent / Guardian Phone (Cell):

Desired Volunteer Role: _____

Parent Signature: _____

Date: _____

Parent Printed Name: _____