

PARENTAL PERMISSION SLIP FOR MINOR VOLUNTEERS

I am the parent or legal guardian of the below named child and I give my permission for my child to volunteer with LifeStream.

Child's Last Name: _____

Child's First Name: _____

Address: _____

Telephone Number: _____

Child's Date of Birth: _____

IN CASE OF EMERGENCY:

Contact: _____

Relationship: _____

Primary Phone: _____ Secondary Phone: _____

VOLUNTEER AVAILABILITY:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SUBMITTING PARENTAL PERMISSION TO SCHOOL:

I understand that in accordance with the California Code of Regulations it is the parent's responsibility to submit a copy of this written permission to the child's school district, charter school, or private school.

By signing this form, I, the parent or legal guardian of the child named above, consent to the child's participation in volunteer activities with LifeStream. I understand that the child will be expected to comply with LifeStream's policies and procedures applicable to volunteers. I understand that my child will receive no monetary compensation for this work.

Parent/Guardian's Signature

Date

Parent/Guardian's Name (Please Print)

Date

Volunteer's Signature

Date