



Volunteer and Parental Consent Form for Minors

| | | | | |
|--------------|-----|-------------------|-------|-----|
| Child's Name | | Email | | |
| Address | | City | State | Zip |
| Cell Phone | Age | Date of Birth | | |
| Parent Name | | Home Phone | | |
| Parent Email | | Parent Cell Phone | | |

I am the parent and/or legal guardian of the child named above, and he/she/they has my permission to work as a volunteer and is allowed to volunteer with my permission per Temple Lutheran Church's policies and procedures. I understand that my child will be working with other volunteers and under the supervision of a Temple Lutheran Church employee or trained lead volunteer.

List any illnesses, chronic condition, physical condition, or mental limitations your child may have that requires restriction on activities, and any medications that may be needed.

WAIVER: On behalf of said minor, I waive any claim for compensation of work completed.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Volunteer's Signature: _____

I, _____, as the volunteer, agree to show up on time, be attentive to the work at hand, and only use cellular devices on breaks or when otherwise allowed to do so. I will follow any other rules set forth by the leader of the volunteer activity.

Sign: _____ Date: _____