



PARENTAL ACKNOWLEDGMENT

IS REQUIRED IF VOLUNTEER IS UNDER 18 YEARS OF AGE

Participant/Volunteer

First Name: _____ **Last Name:** _____

Date of Birth (M/D/Y): _____ **Age:** _____

We are required by law to have parent permissions forms for all of our minors until they turn 21 years of age.

I give permission for my child (named above) to Volunteer at Sacred Heart Community Service.

I am the parent of legal guardian of the minor named above. By my signature below, I acknowledge that I have reviewed this Volunteer Release and Confidential Information Agreement with my participating child. I understand and accept this Agreement. I also hereby authorize the minor named above to volunteer at Sacred Heart Community Service, whether at Sacred Heart’s facilities or at an offsite project.

Parent or Legal Guardian

Signature **Printed name** **Date**

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

Office Use Only
Date: _____
VO Initials: _____
Entered into CRM: Yes No
Does not have an account:

Parent(s)/Guardian(s) Email address

Phone Number:

THANK YOU FOR VOLUNTEERING WITH SACRED HEART!