

REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR

CDE Form B1-6 (Rev. 04-12)

(Print Information)

Minor's Information			
Minor's Name <i>(First and Last)</i>	Home Phone	Birth Date	
Home Address	City	Zip Code	

Local Education Agency Information			
LEA Name	LEA Phone		
LEA Address	City	Zip Code	
List educational program for this placement:			

To be filled in by employer or agency of placement.			
Business or Agency of Placement Name	Business Phone		
Business Address	City	Zip Code	
Minor's services during volunteer/unpaid training:			
Employer's Name <i>(Print First and Last)</i>	Employer's Signature	Date	

To be signed by parent or legal guardian.

As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

 Parent/Guardian's Name *(Print First and Last)* Parent/Guardian's Signature Date

Certification

In compliance with California Education Code 51769, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

 Authorizing Personnel's Name and Title *(Print)* Authorizing Personnel's Signature Date