

Senior Suites

CONSENT FORM FOR MINOR VOLUNTEERS (PLEASE PRINT)

I, _____, Parent/Guardian of
_____ hereby give my consent for my
son/daughter to participate in the volunteer program for Senior Suites of

I understand he/she will provide _____ hours of service per week/month/year (circle)
And will participate only in the following activities:

In case of emergency, please contact:

Name: _____

Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Signature of Parent or Legal Guardian Date: _____