**Volunteers under the age of 18 need parental permission filled out and signed by legal guardian.**

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| IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian | Home Phone | Mobile Phone | Email Address |
| Street Address | City | State | Zip |

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| I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permissionfor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the specified volunteer activity sponsoredby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) (Date) (Parent/Guardian Signature) (Date) |
|  Emergency Contact Name | Home Phone | Mobile Phone | Email Address |
| Street Address | City | State | Zip |

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|  Emergency Contact Name | Home Phone | Mobile Phone | Email Address |
| Street Address | City | State | Zip |