

PARENT CONSENT FORM FOR SUMMER STAFF POSITION

Parents must give consent for their minor child before the child can serve with InFaith in the Summer Staff Program.

General Information:

Parent's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

My signature below indicates that:

I understand that my child (name) _____ has applied to participate in the InFaith Summer Staff Program for 2016. I understand this is a seasonal position only.

I have read and understand the Summer Staff Financial FAQ sheet (available at infaith.org/summerstaff/financial-faqs), which explains the funds our summer staff raise and how/when they are paid.

I understand that proof of adequate health insurance and either a copy of a driver's license or picture ID will need to be provided later on in the application process.

(Signature)

Date

(Print Name)