



**Youth Volunteers
Parental Consent Form**

Group Name: _____

Parent/Legal Guardian/Responsible Adult's Name: _____

Mailing Address :

Telephone Number: _____ Email Address: _____

Thank you for agreeing to let your child volunteer with Aging, Disability, and Transit Services –w e have many exciting opportunities for your child to get involved and make a difference. Any child under the age of 16 will need to have a parent/legal guardian/responsible adult (Camp or Group Coordinator) sign this form prior to beginning their volunteer service with our organization.

Your signature on this form acknowledges that you have reviewed the volunteer packet your child received and that you agree to the terms and conditions outlined therein.

Parent/Legal Guardian/Responsible Adult Signature

Date

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Special Note for Volunteer Groups:

A responsible adult (Camp Counselor, Group Leader, Program Director, etc) may be designated for the purpose of youth and other group participation in volunteer activities with Aging, Disability, and Transit Services. The responsible adult may sign this form on behalf of all children listed on the Volunteer Group Intake Sheet. One Consent form will represent the entire group.