



Volunteer Program
Parent/Guardian Consent for Minors

Your son/daughter has expressed an interest in participating in Hillcrest Health Services' Volunteer Program, and they are under 18 years of age. Since volunteering requires a commitment of time, training and transportation, we are requesting your written permission for your son/daughter to participate.

Please sign and date this consent form, allowing your son/daughter to participate in volunteer opportunities and that you accept responsibility for their transportation.

I give permission for my son/daughter to perform volunteer service within Hillcrest Health Services. I have discussed this commitment with them and support their efforts.

Son/Daughter's Name (please print): _____

Son/Daughter's Date of Birth: _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____