



TEEN VOLUNTEER PARENTAL CONSENT

I, _____, grant permission for my child,
Print Parent's Name

_____, to work as a volunteer for the
Print Minor's Name

Department of Health. I understand my child will be directly supervised by Department of Health staff and will work less than 40 hours per week.

In case of emergency, please contact:

Name: _____ Relationship: _____

Address, City, State & Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____

Signature of Parent or Guardian

Date