



**Life Foundation**  
FIGHTING AIDS IN HAWAII AND THE PACIFIC

**Parental Consent Form**

In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like Life Foundation to continue the process of considering your child as a volunteer.

**NOTE: This Parental Consent Form must be filled out for all volunteers under age 18.**

**Name of youth volunteer:**

\_\_\_\_\_

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity, if accepted by the Life Foundation. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

**Parent / Guardian Print Name** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian Address, if different from volunteer:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_