



TEEN VOLUNTEER PARENTAL CONSENT

I, _____, grant permission for my child,
Print Parent or Guardian'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

Complete Address City State Zip

Home Telephone Work Telephone

Cell Phone

Signature of Parent or Guardian

Date