



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