



Minor Volunteer Parental / Guardian Consent Form

I _____ give permission for, _____
to volunteer with Family Service Rochester. I understand that he/she will be given direction for their duties by staff at Family Service Rochester. I understand that he/she will be expected to meet all requirements of the position, including attendance for scheduled shifts and adherence to Family Service Rochester's volunteer guidelines. I understand that he/she will not receive monetary compensation for the services contributed.

Parent/Guardian Name (print clearly): _____

Parent/Guardian Signature: _____

Relationship to Volunteer: _____

Name of Volunteer: _____

Parent/Guardian Phone: _____ email: _____

Volunteer Signature: _____ Date: _____