

Parental Permission for Youth Volunteers

I give permission for _____, my son/daughter, to act as a Volunteer
Volunteer Name

At WellAge Senior Communities.

Please list any conditions you would like us to adhere to for your family member as a Volunteer of WellAge Senior Communities.

If you have any questions or would like to discuss the Volunteer Program further, feel free to contact the Activity Director _____ at _____.
Director Name

Parent/Guardian Signature: _____ Date: _____

Phone Number (Home): _____ Phone Number (Work) _____

*A signature is required only if the adult will not be accompanying the Volunteer on visits. This form is not required by all parents of an inter-generational group that is accompanied by an adult (for example, a daycare group accompanied by a teacher).