



## Volunteer Services Parental Consent Form for Volunteers Under Age 18

Name of Minor	DOB	Social Security #
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**I give permission for my child to volunteer at CHOC Children's.**

Parents/Legal Guardian Signature: \_\_\_\_\_

Parents/Legal Guardian Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to the Minor: \_\_\_\_\_