**Parental/Guardian Permission for Juvenile Volunteers**

***This form is to be attached to a signed Volunteer Service Agreement***

 ***or a Special Project or Activity Volunteer Agreement.***

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| **Parent/Guardian Name**  | Click here to enter text. |
| **Phone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Mailing Address** | Click here to enter text. | **City/State/Zip** | Click here to enter text. |
| **Volunteer’s Name** |  |
| The volunteer named above, a juvenile, has my permission to participate in Sacramento County Historical Society volunteer activities. I understand that juvenile volunteers must be assigned an adult supervisor and that arrangements for this supervision must be approved by the SCHS President or Volunteer Program Coordinator. |
| **Parent/Guardian Signature** |  | **Date** |  |
| **SCHS Representative Signature** |  | **Date** |  |