**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** | |  |