



**MINOR'S PARENTAL CONSENT TO VOLUNTEER**

**For youth volunteers (ages 16-17), parental consent is required.**

Volunteer's Full Legal Name: \_\_\_\_\_

I, the parent/guardian of the above mentioned individual, understand and agree to the following:

- The information contained in my child's volunteer application is true and without omissions.
- I am aware of the various tasks, as indicated on their assignment form (service description), that my child will be required to perform.
- My child has my permission to serve as a Volunteer at UCLA Health and Health Sciences.
- I give permission for my child to receive all necessary health screening tests and/or vaccinations, including TB tests, as part of their health clearance to volunteer within UCLA Health and Health Sciences.
- I understand the responsibility my child is taking on to volunteer and will encourage promptness and regular attendance as promised.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_