

# PARENTAL PERMISSION FORM

Name of Student Volunteer: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parents: \_\_\_\_\_

Current Grade in School \_\_\_\_\_

I hereby agree to be a participant in the "Malcolm Student Volunteer Program." By signing this, I agree to have my name given to community members in need of volunteers. I have been informed that this program is not a part of the Malcolm Public School System. I understand that any liability for any accidents or occurrences during performance of volunteer hours is strictly my responsibility.

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

\_\_\_\_\_  
Student (Printed name)

\_\_\_\_\_  
Student Signature

I have read and understand the foregoing and approve the participation of my child in the "Malcolm Student Volunteer Program." I will assume responsibility for payment of any injury my son/daughter might suffer while participating in this program. I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not receive any monetary compensation for his/her services.

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

\_\_\_\_\_  
Parent Signature

**\*\*\*Permission form must be sign and turned in to the Malcolm School Counseling office, high school office or Westfall office before a student's participation in the program can begin and hours can be acknowledged.**