

***Youth Volunteer Parental/Guardian Consent Form***

***Dear Parents/Guardians,***

*Your son/daughter is interested in volunteering with* ***Women Helping Others of Tampa Bay, Inc.****’s monthly program* ***”W.H.O.’s Feeding the Less Fortunate”.*** *Please read and sign this form. By signing this letter you are stating that you will fully support your son/daughter in their journey to serve their community.*

*The* ***W.H.O.’s Feeding the Less Fortunate*** *program is monthly, and it consists of providing and serving the less fortunate (homeless) in the area via food, clothing and toiletries. It is held at Borrell Park, 808 E 26th Ave., Tampa, FL 33603.*

***PARENTAL PERMISSION***

*For those under 18 years of age*

*I give permission as parent or legal guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(Name-please print)*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_