



PEACE *of* HEART  
COMMUNITY

### PARENTAL CONSENT FORM

To be completed by the parent/legal guardian of individuals under the age of 18.

I give permission for my son/daughter (name)

\_\_\_\_\_  
to volunteer at Peace of Heart Community.

I understand that my son/daughter is making a commitment to serve as a volunteer and that I will support his/her participation, which includes reporting for duty as scheduled, except in the event of illness or emergency. I understand that he/she will be assigned to an available service suitable to his/her age and capabilities.

I grant my consent:

Parent Signature \_\_\_\_\_ Date:

\_\_\_\_\_

Print Name:

\_\_\_\_\_