



## Parental/Guardian Consent Form

Dear Parent/Legal Guardian,

Young people who have not reached the age of majority who are interested in volunteering for the Foothills Country Hospice Society must have the written consent of a parent or legal guardian. We ask that you please read and sign this form acknowledging your understanding and approval of your child's volunteer responsibilities. By completing this form, we will be able to complete the volunteer intake process on behalf of the applicant. If s/he is accepted by the volunteer program, your continued involvement and support will help us in providing a fun and rewarding experience for your family member.

I understand that (please print applicant's name) \_\_\_\_\_, wishes to be considered for a volunteer opportunity at the Foothills Country Hospice and I hereby give my permission for him/her to serve in this capacity, if/when accepted. I understand that necessary orientation and training will be provided to ensure the safe and responsible performance of his/her duties. S/he will be expected to meet all the requirements of the position (role description attached), including regular attendance and adherence to the agency policies and procedures.

If you have any questions/concerns regarding this form or your child's volunteer involvement, please contact Anne Bouscal, volunteer coordinator, at (403) 995-4673 X202 or [volunteercoordinator@countryhospice.org](mailto:volunteercoordinator@countryhospice.org).

Volunteer position			
Parent/guardian name			
Address			
Relationship to prospective volunteer		Phone	
Signature		Date	