



Department of Volunteer Services

Permission slip for minors

If you are under 18 years of age, you will need to have your Parent/Guardian complete this form to be able to volunteer

(Student name) _____ HAS MY PERMISSION TO SERVE AS A STUDENT VOLUNTEER AT NUVANCE HEALTH.

I UNDERSTAND THE COMMITMENT THE STUDENT HAS MADE, AND I WILL SUPPORT THIS COMMITMENT.

Name of Parent/Guardian (print): _____

Relationship to student: _____

Parent/Guardian Signature: _____