

**Volunteer Parent Permission Form for  
Students Under Eighteen (18) Years of Age**  
*Return via mail or fax, Attn: Human Resources*

I/We, the parents/guardians of the individual named below give permission for him/her to participate in volunteer work as follows: \_\_\_\_\_  
\_\_\_\_\_

At Via of the Lehigh Valley's location: \_\_\_\_\_

I/we understand that for volunteers under sixteen (16) years of age there must be an adult accompanying the volunteers in a ratio of one (1) adult for groups of from one (1) to six (6) volunteers. Adult who will be accompanying volunteer(s) under 16 years of age:  
\_\_\_\_\_

Are there any medical conditions or allergies Via staff and/or adult accompanying volunteer(s) should be aware of when assigning volunteer duties? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School and School Grade: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Age: \_\_\_\_\_