



Stanislaus County Volunteer Program Minor Authorization Form Parent or Guardian

Authorization for a minor to participate in the Stanislaus County Volunteer Program

I hereby grant permission for _____, age _____ to serve as a volunteer for the County of Stanislaus.

I understand that the rights and responsibilities of the volunteer and of the County are outlined in the Volunteer Assignment Agreement and the Volunteer Conduct/Behavior Expectations Policies. I also understand that the duties of the volunteer position are to be established in a written job posting/description provided by the department and that the volunteer will be asked to certify his/her ability to perform the duties of the job as they are defined in the job posting/description.

First Name of Parent/Guardian:		Last Name of Parent/Guardian:	
Address:			
City:		State, Zip Code:	
Relationship to Minor:		Cell Phone:	Alternate Phone:
Signature:			Date:

PRIMARY EMERGENCY CONTACT INFORMATION

Name:		Relationship to Minor:	
Address:		City:	
State, Zip Code:		Cell Phone:	Alternate Phone:

SECONDARY EMERGENCY CONTACT INFORMATION

Name:		Relationship to Minor:	
Address:		City:	
State, Zip Code:		Cell Phone:	Alternate Phone: