



**TEEN VOLUNTEER PARENTAL CONSENT**

I, \_\_\_\_\_, grant permission for my child,  
Print Parent's Name

\_\_\_\_\_, to work as a volunteer for the  
Print Minor's Name

Lee County Health Department. I understand my child will be directly supervised by  
\_\_\_\_\_ and will work less than 40 hours per week.  
(print Lee CHD employee's name)

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date