



**Parental/Guardian Consent for Minor's  
Participation in Innercare.  
Volunteer/Externship Program**

Volunteer's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**In signing this form, the parent or guardian approves of the above-referenced minor participating in this organization's volunteer / externship program as outlined in the discussions held with the hosting department and point of contact.**

Parent/Guardian Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_