



## Parent/Guardian Consent Form for Volunteers

My name is \_\_\_\_\_ , and I am the parent or a legal Guardian of the minor child named \_\_\_\_\_ .

### Parent/Guardian information:

<b>Full Name:</b>	_____
<b>Relationship to minor child:</b>	_____
<b>Address:</b>	street _____
	city, state zip _____
<b>Daytime contact:</b>	(phone / email) _____
<b>Alternate contact:</b>	(phone / email) _____

### Minor child information:

<b>Full Name:</b>	_____
<b>Date of birth:</b>	_____
<b>Address:</b>	street _____
	city, state zip _____
<b>Daytime contact:</b>	(phone / email) _____
<b>Alternate contact:</b>	(phone / email) _____

By signing this document, I declare the following:

- I am truly the parent or a legal guardian of the minor child named above
- I am aware that the minor child named above has an interest in becoming a Volunteer at Liberty Science Center
- I give my full permission to Liberty Science Center to guide and prepare the minor child named above to become a Volunteer.

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

\_\_\_\_\_  
Date

