



PARENTAL CONSENT FORM

Name of volunteer: _____

Age: _____

Name of parent/guardian: _____

Phone: _____

I, _____, hereby give consent for my son/daughter or ward to volunteer with Hope for the Nations.

I understand that my son/daughter or ward will be under reasonable adult supervision. However, I understand that there may be circumstances whereby my son/daughter or ward may be faced with challenging situations. I acknowledge that Hope for the Nations, its agents, employees, and volunteers will not be held liable for any injury incurred by my son/daughter or ward as a result of volunteering with Hope for the Nations.

(Signature of parent/guardian)

(Date)

(Print name in full)

"NGO in Special Consultative Status with the Economic and Social Council of the United Nations"

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