Volunteer Permission Slip (Ages 14-18)

I give my permission for _____to participate as a volunteer at the
VOLUNTEER'S FULL NAME
2018 Night to Shine, sponsored by the Tim Tebow Foundation at Faith Church (Dyer, IN)

on Friday, February 9, 2018.

Volunteer Information

Age/DOB: _____ Gender: Female: ☐ Male: ☐

Address: _____

City: _____ State: _____ Zip Code:_____

Phone: _____

Parent / Guardian Phone (Home): _____

Parent / Guardian Phone (Cell): _____

Signed _____ Date_____
(Parent / Guardian)