

LIGHTHOUSE CHURCH YOUTH VOLUNTEER CONSENT FORM

Student Name: _____

DOB _____

Dear Parent or Guardian,

Thank you so much for sharing your youth with us. They are such a blessing to the Lighthouse Children's ministry. Please read and review the Youth Volunteer Information with your child. In an effort to keep their spiritual development at the forefront, if working on Sundays they will be scheduled no more than one Sunday per month. Feel free to contact Terry Robinson or Tricia Sinclair if you have any questions or concerns at any time.

Please sign below indicating that you have read the information and are willing to give permission for your youth to participate.

Parent/guardian signature: _____

Home Phone: _____

Cell Phone: _____

Terry Robinson
913-837-2467

Tricia Sinclair
913-557-3969