



Volunteer Permission Slip (Ages 14-17)

I give my permission for _____ to participate as a volunteer at the
VOLUNTEER FULL NAME
2019 Night to Shine, sponsored by the Tim Tebow Foundation at _____
SHELTON STATE CC
on Friday, February 8, 2019.

Volunteer Information

Age/DOB: _____

Gender: Female: Male:

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home):

Parent / Guardian Phone (Cell):

Desired Volunteer Role: _____

Signed _____ Date _____

(Parent / Guardian)