

VolunTEEN Parent/Guardian Permission Form

By completing the following consent form, you give your permission for your child/dependent to complete the application and fulfill the necessary requirements that will allow them to volunteer at UC Davis Health.

Please complete the consent form below and have your child/dependent upload this form into the VolunTEEN application in the *Parental/Guardian Permission Form* section.

If you have any questions, please call the Volunteer Services office at (916) 734-2401.

My child/dependent _____, who is in the (list grade) _____ in high school, has my consent to serve as a volunteer at UC Davis Health.

I understand the responsibility of a volunteer and will encourage their promptness and regularity of service for the minimum commitment.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Address

City

State

Zip Code

Contact Phone