**Appendix K-9 Consent For Volunteers Alone with Minor Children**



**Parental Consent for Volunteer to Work With or Transport Minor Child (below age of 19 years)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Parent Name of Volunteer

to transport or spend time with my minor child named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Child

when I am not present.

Printed Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Volunteer should email this signed form to: Directsupport@alirp.org



Consentimiento de los Padres para que el Voluntario Trabaje con o Transporte Menor de Edad (menor de 19 años)

Yo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ doy mi consentimiento para \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del padre Nombre del voluntario

para transportar o pasar tiempo con mi hijo menor llamado \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nombre del niño

cuando no estoy presente.

Nombre impreso del padre o tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* El voluntario debe enviar este formulario firmado por correo electrónico a:

Directsupport@alirp.org