

Last Name \_\_\_\_\_

**PARENT'S PERMISSION TO VOLUNTEER**  
Santa Cruz Valley United Methodist Church

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Youth Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

e-Mail address \_\_\_\_\_

My permission is given as parent/guardian of \_\_\_\_\_, age \_\_\_\_\_

allowing him/her to volunteer as a classroom or nursery assistant.

I have read and understand the Child Protective Policy and Procedures of Santa Cruz Valley United Methodist Church, and indicate my agreement to abide by these.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Youth Signature \_\_\_\_\_

Ministry Director Signature \_\_\_\_\_

Date \_\_\_\_\_