

**CONSENT FORM  
PARENT OR GUARDIAN PERMISSION**  
(For a minor child under the age of 18)



I am the parent/legal guardian of \_\_\_\_\_  
and I grant my permission for him/her to serve as a volunteer at Beckley ARH  
Hospital.

I certify that he/she is at least 14 years of age and is in good physical and mental  
condition to serve as a volunteer.

I also give permission for Beckley ARH Hospital to contact the reference(s)  
provided on the Application for Junior Volunteer, as applicable.

I understand that the junior volunteer program requires attendance at a  
mandatory orientation and then a weekly commitment for the number of hours  
agreed upon.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*PRINTED Name Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Daytime Phone Number*

\_\_\_\_\_  
*E-Mail Address*