



Volunteer Services - Consent of Parent or Guardian

Date: _____

I hereby consent for my son/daughter _____,
(volunteer name)
who is under the age of 18 years, to volunteer at St. Paul's L'Amoreaux Centre. I
recognize that unless my permission to volunteer is granted, the insurance policy of St.
Paul's L'Amoreaux Centre will prohibit the involvement of _____
(volunteer's name)
as a volunteer.

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____

Address: _____

Telephone: _____

If you need further information, please contact Volunteer Services at 416-493-3333 or email
volunteer@splc.ca.