

I give my permission for my child,	
to volunteer with Manna House, Inc.	
Last Name:	
First Name:	
Address:	
Home Telephone Number:	
Date of Birth:	
Male: Female:	
IN CASE OF EMERGENCY:	
Contact:	
Relationship:	
Primary Phone: Secondary	Phone:
Are there any concerns or special medical considerations that w	ve need to know about?YESNO
Explain:	
Is your child volunteering for his or her High School Community Community Service Hours? YESNO If Yes, which?	
RELEASE: I, by submitting this signed parent permission slip, und responsible for any injury or theft that may occur during the my strelease Manna House, Inc. of responsibility for any and all dames of my son or daughters' volunteer services. Also I acknowledge to	derstand that Manna House, Inc. is no way son or daughter's time as a volunteer. age to persons used during the course
Parent/Guardian's Signature	Date
Volunteer's Signature	Date