



PARENTAL APPROVAL FORM

I hereby give consent for my son/daughter _____
to participate in the junior volunteer program of the Volunteer guild at Simi Valley Hospital. To
remain in the program, I understand that he/she must regularly fulfill the minimum service
requirement of four (4) hours per week in the summer and/or two (2) hours per week during the
school term. I also understand that he/she will commit to at least 60 hours of volunteer service.
I will assume responsibility for his/her transportation to and from the hospital.

Signatures:

Father _____

Date _____

Mother _____

Date _____

OR

Legal Guardian _____

Date _____