



Greater Richmond Interfaith Program
165 22nd Street, Richmond, CA 94801 ● (510) 233-2141

Teen Volunteer Parental Consent Form

Your (son/daughter) will be participating in our Teen Volunteer Program at the Greater Richmond Interfaith Program (GRIP). On behalf of GRIP's Board of Directors and Staff, we would like to take this opportunity to express to you and your child our appreciation for the generous donation of their time and service.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian's Address: _____

Child's Address, (if different): _____

Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian's Email Address: _____

I hereby give permission for my child to be a GRIP teen volunteer in the Souper Center Program. I understand that my child will be provided with any orientation and training necessary for the safe and responsible performance of his or her duties, and will be expected to meet all the requirements of the volunteer position, including adherence to GRIP's policies and procedures. I also understand that my minor child will not receive monetary compensation for the services contributed. I will support my child by respecting their volunteer commitment and will provide transportation, if needed.

In case of emergency, please contact:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

Please return this completed form to Sharleen Harty. If you have questions about our Teen Volunteer Program, please contact her at (510) 233-2141, ext. 304 or email sharty@gripcommunity.org. For more information on other ways you might make a difference in the lives of so many in our community, find out about additional volunteer opportunities, or learn more about GRIP, we invite you to visit our website at www.gripcommunity.org.