HUMBOLDT LITERACY PROJECT
MINOR CHILD VOLUNTEER WAIVER AND PARENTAL CONSENT
Please print, sign, and contact HLP at (707) 445-3655 or LiteracyHelpers@gmail.com

Child's name:

Child's d.o.b.

Guardian's name:

I give my consent for my child to provide volunteer services to Humboldt Literacy Project. We have read and agree to the terms of HLP's Release and Waiver of Liability. I also give HLP my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____