

Volunteer Permission Slip (Volunteers Under Age 18)

I give my permission for _____ to participate as a volunteer at Night to Shine on February 13, 2026 at Northridge Church of Thomaston.

Volunteer Information

DOB: _____

Address: _____

City: _____

Phone: _____

Parent/Guardian (Phone): _____

Desired Volunteer Role: _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____

I acknowledge that the signature above is my parent/guardian's signature. They have viewed this form and consented to my participation in the Night to Shine event.