

BIG BROTHERS BIG SISTERS OF DELAWARE COUNTY

HIGH SCHOOL VOLUNTEER
PARENT PERMISSION

TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian:

We have received inquiry from your son/daughter to participate in our program. As means of determining whether or not he/she is eligible to become a volunteer, we need to have your approval. Please indicate below whether you do or do not desire your son or daughter's participation in our program, sign and return with the application.

Your cooperation will be appreciated.

PARENTAL AGREEMENT

Please check your response.

- I do desire that my son/daughter participate in the Big Brothers Big Sisters of Delaware County program.
- I do not want my son/daughter to participate in the Big Brothers Big Sisters of Delaware County program.
- I would like to discuss the program with a representative of Big Brothers Big Sisters of Delaware County.

Signed _____

Telephone _____

Date _____