



**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 \_\_\_\_\_