



The
Children's
Reading
Foundation
of the Mid-Columbia

YOUTH VOLUNTEER PARENTAL CONSENT FORM

***This Parental Consent Form must be filled out for all volunteers under age 18.
Children under the age of 16 may not volunteer at CRF-MC without the supervision of a
parent, guardian or other responsible adult chaperone.***

I, the parent/guardian of _____ (youth's name printed)
am aware that the above mentioned youth will volunteer with The Children's
Reading Foundation of the Mid-Columbia on _____ (date/s)
from _____ (start time) to _____ (end time).

I give my permission for him/her to volunteer:

Parent/Guardian Name (Printed): _____

Parent/ Guardian Signature: _____ Date: _____

Contact information of Parent/Guardian in case of an emergency.

Home Phone: _____ Cell Phone: _____

Please return form to:

Attn: Vanesa Razo
Children's Reading Foundation of the Mid-Columbia
201 S Garfield St., Rm. 13
Kennewick, WA 99336

If you have questions, contact Vanesa Razo at:

509-222-7323
vanesa@read20minutes.com