

PARENTAL APPROVAL

(ER 1130-2-500)

NAME OF VOLUNTEER				
PARENT OR GUARDIAN'S NAME				
ADDRESS				
TELEPHONE(Residence)		(Business)	
I affirm that I am the parent/guardian of the above named vol program does not provide compensation, except as otherwis volunteer the status of a Federal employee. I have read the a	se provided by law, and tl	hat the service	will not conf	fer on the
volunteer the Status of a Federal employee. Thave read the a	attached description of the	e work mat me	volunteer w	III pertorm.
I give my permission for In this program sponsored by				
I give my permission for In this program sponsored by(Name				
I give my permission for In this program sponsored by (Name	e of Sponsoring Organizatio	on, if applicable)		to participate
I give my permission for In this program sponsored by	e of Sponsoring Organizatio	on, if applicable) (Date)		to participate