Parental Consent Form

Volunteer Name_____

Address_____

_____

City_____ Zip Code_____

Date of birth_____/_____/_____ Age_____

Parental Contact Details:

Name_____ Relationship_____

E-mail_____Mobile_____

I give permission for my child to take part in the cooking and serving activities provided by Hope Beyond Bridges. This includes preparing food in a commercial kitchen which requires hair nets worn while cooking. This includes going out into the streets in our ministry trucks and serving the homeless under the bridges. There will always be a leader present.

I have downloaded and read through the Volunteer Expectation document and discussed with my child.

I understand that Hope Beyond Bridges cannot take responsibility if your child does not abide by the Rules.

Dated_____ Signature_____

Relationship_____ Full Name_____

Please complete and send with your child to the activities

For further information call Dave Droll on 713 249-1933 or email:dave@HopeBeyondBridges.org
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