



# City of Keystone Heights

555 South Lawrence Blvd  
Keystone Heights, Florida 32656  
352.473.4807 Off 352.473.5101 Fax



## PARENT/GUARDIAN CONSENT FORM (FOR VOLUNTEERS UNDER THE AGE OF 18)

*All volunteer applicants under the age of 18 who have submitted a volunteer application are required to have this form filled out, signed, and submitted to the City of Keystone Heights. If you are the parent/guardian of this applicant and agree that s/he may volunteer with the City of Keystone Heights, then please complete the consent form below.*

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School/Organization: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address (if different than applicant): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT/GUARDIAN CONSENT (FOR VOLUNTEERS UNDER THE AGE OF 18)

I, \_\_\_\_\_, hereby attest that I am the Parent/Guardian of the above applicant and give my consent for s/he to volunteer with the City of Keystone Heights.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date