



Sample Volunteer Permission Slip (Volunteers Under Age 18)

I give my permission for _____ to participate as a volunteer at
PARTICIPANT FULL NAME
the 2024 Night to Shine, sponsored by the Tim Tebow Foundation at
The Chapel In Huron on Friday, February 9, 2024.

Volunteer Information

DOB: _____ Gender: Female: ____ Male: ____

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home): _____

Parent / Guardian Phone (Cell): _____

Desired Volunteer Role: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____

**Remit form to: The Chapel In Huron
Attn: Night to Shine
4444 Galloway Rd.
Sandusky, OH 44870
welcome@thechapel.family**