



Parental Consent Form

In order for your son/daughter to become a volunteer with Lake County Schools, your consent is required. Please read and sign this parental consent form if you would like to continue the approval process of your son/daughter serving as a volunteer.

NAME OF PROSPECTIVE YOUTH VOLUNTEER: _____

DATE OF BIRTH: _____ **SCHOOL ATTENDING CURRENTLY:** _____

ANTICIPATED HIGH SCHOOL GRADUATION DATE (mm/year): _____

I understand that son/daughter named above wishes to be considered for volunteer work with Lake County Schools. I hereby give my permission for him/her to serve in this capacity. I understand that he/she will be expected to meet all the requirements of the role, including regular attendance and adherence to Lake County School District's policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed as a volunteer. I also understand that Lake County Schools is not liable for any physical injuries that may occur during the period of the volunteer assignment.

SIGNATURE OF PARENT: _____

NAME OF PARENT: _____

RELATIONSHIP TO PROSPECTIVE YOUTH VOLUNTEER: _____

DATE: _____

Please submit completed form to School Volunteer Coordinator or upload document to your application on the 'Attachments' page.