

Arlington Public Schools
Parental/Guardian Consent for Minor Volunteers

Volunteers under 18 years of age must have their parent(s)/guardian(s) complete this Consent Form and return it with the completed APS Volunteer Application Form.

Mother/Guardian's Name: _____ Phone number: _____

Father/Guardian's Name: _____ Phone number: _____

Date of Student's last medical exam: _____

Please list any medication the student is using that may need to be taken or administered while the student is volunteering:

If there is anything else we should know about your student as it relates to volunteering, please explain here:

My son/daughter, _____, has my permission to participate as a volunteer for Arlington Public Schools. I understand that APS volunteers are supervised by APS staff at all times. I have also read the Code of Conduct and Application Form submitted by my son/daughter and agree to the terms therein.

Signature of Parent/Guardian

Date

This form must be included with the completed and signed APS Volunteer Application.