



Volunteer Permission Slip (Ages 14-18)

I give my permission for _____ to participate as a volunteer at the
PARTICIPANT FULL NAME

2018 Night to Shine, sponsored by the Tim Tebow Foundation at First United Methodist Church of Union County, Blairsville GA on Friday, February 9, 2018.

Volunteer Information

Age/DOB: _____

Gender: Female: Male:

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home):

Parent / Guardian Phone (Cell):

Desired Volunteer Role: _____

Signed _____ Date _____
(Parent / Guardian)