



101 S. Huron St.  
Ypsilanti, MI 48197  
(734) 485-8730  
info@soscs.org

## Youth Parent/Guardian Consent Form

Parent/Guardian Consent Form must be filled out for all volunteers under the age of 18.

Name of youth volunteer(s): \_\_\_\_\_

Program Site of Service: (Please select or circle below)

**Food Pantry & Resource Center**

114 N. River Street, Ypsilanti, MI 48197

**Administrative Office**

101 S. Huron Street, Ypsilanti, MI 48197

**Housing/Shelter Properties**

Confidential locations in surrounding areas

**Other Activity or Event Location**

Specified location at time of sign-up

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the agency. I understand that my child will be provided with orientation and training necessary for the safe and responsible performance of the duties, and that they will be expected to meet all the requirements of the position, including attendance and adherence to agency policies and procedures. I understand that if my child is under the age of 16, they will need to have an adult chaperone accompany them during their volunteer shifts. I understand that monetary compensation will not be provided to my child or myself for the services contributed.

\_\_\_\_\_  
Parent/Guardian First and Last Name

\_\_\_\_\_  
Relation to Volunteer

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

\_\_\_\_\_  
Date

If you have any questions or concerns, please contact our Volunteer Coordinator at [volunteer@soscs.org](mailto:volunteer@soscs.org)