

PARENT APPROVAL FORM

For Volunteers Under 18 Years of Age

Name of Volunteer	Age
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Name of Parent or Guardian

Address of Parent or Guardian

Phone (include area code): (Home) _____ (Work) _____

1. I affirm that I am the parent or guardian of the above-named volunteer. I understand that volunteer service with the Bureau of Reclamation does not confer on a volunteer the status of Federal Employee.

2. I understand that the sponsoring group or organization named below is responsible for supervising the volunteers and the work to be performed.

3. I understand the health and physical-condition requirements for doing the work described in the Agreement or other attachment to the Parental Approval Form, and the project location and certify that the statement I have checked below is true:

I know of no medical condition or physical limitation that may adversely affect my son/daughter/ward's ability to do this work.

I do know of a medical condition or physical limitation that may adversely affect my son/daughter/ward's ability to do this work.

and I have explained this to _____
(Name of Volunteer Coordinator)

4. I give my permission for _____ to participate as a
(Name of Volunteer)

volunteer on this project sponsored by _____
(Name of Group/Organization, if Applicable)

and to contribute his or her services without compensation in wages, at _____
(Location of Project)

from _____ to _____
(Date) (Date)

Signature of Parent or Guardian _____

Relationship to Volunteer _____ Date _____