

Volunteer minors under the age of eighteen shall have an approved Parent Consent For Participation form on file prior to entering any institution, facility, or camp. Volunteer minors shall be supervised by parent(s)/guardian(s) at all times while on State property.

<i>Please Print</i>	
Parent(s) or Guardian(s) child/children live(s) with:	If parents are divorced or separated, to whom has physical custody been granted? (Attach verification)
_____	_____
Father: _____	Check One: ☐ Natural ☐ Step ☐ Guardian/Foster
Home Phone: _____	Business Phone: _____
Mother: _____	Check One: ☐ Natural ☐ Step ☐ Guardian/Foster
Home Phone: _____	Business Phone: _____

<i>Please Print</i>			
Name of Minor: _____	Age: _____	☐ Male ☐ Female	Date(s) of Participation: _____
Name of Minor: _____	Age: _____	☐ Male ☐ Female	Date(s) of Participation: _____
Name of Minor: _____	Age: _____	☐ Male ☐ Female	Date(s) of Participation: _____

I/We the parent(s)/guardian(s) of the minor(s) listed above do hereby give permission for my/our child/children to participate in the scheduled California Department of Corrections and Rehabilitation (CDCR) program or event. Furthermore, I/we understand the institution, facility, or camp may house convicted maximum security felons, and that CDCR does not recognize hostages for bargaining purposes. I/We hereby certify and acknowledge I/we have read the above and fully understand the significance of the information and attachments provided. Furthermore, I/we shall not hold CDCR responsible for any mishap which may occur while my/our child/children participate in this program or event.

_____ PARENT/GUARDIAN SIGNATURE	_____ DATE	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
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<i>Please Print</i>		
Name of Supervisor/Sponsor: _____	Title: _____	Location: _____
Telephone Number: _____	Unit/Division: _____	Work Hours: _____

CERTIFICATE OF ACKNOWLEDGEMENT

State of California
County of _____

On _____ before me, _____ personally appeared, _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(S) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies); and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Notary Seal)

Signature _____