

**SECOND HARVEST NORTHERN LAKES FOOD BANK
YOUTH – PARENT/GUARDIAN AUTHORIZATION FOR VOLUNTEER SERVICE
(MUST BE COMPLETED FOR EACH VOLUNTEER AGE 17 AND UNDER)**

By signing this Parent/Guardian Authorization for Volunteer Service release, I acknowledge that I received a copy of Second Harvest Northern Lakes Food Bank's Waiver, Release and Liability Agreement, and that I have read, understand and accept its terms on behalf of my child/guardian.

I, the undersigned, grant permission for my child/guardian to volunteer with Second Harvest Northern Lakes Food Bank and am voluntarily executing this release on behalf of my child/guardian.

To my knowledge, my child/guardian has no physical or mental limitations which may present a safety concern to him/her or others. If he/she is injured while volunteering, I give Second Harvest Northern Lakes Food Bank permission to administer/seek medical treatment in the event I cannot be reached.

Child's Full Name: _____

Child's Date of Birth: _____

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Telephone: _____

Parent/Guardian Email: _____

All youth are required to present this completed form prior to volunteer service. Unfortunately, incomplete or missing forms will prohibit volunteer service.

NORTHERNLAKESFOODBANK.ORG

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