

Sample 17 COMMUNITY SERVICE CONSENT FORM

As a component of the St. John Ambulance Brigade, the Youth Program was established to give young people between the ages of 6 and 20 the chance to join in the work of the St. John Ambulance Brigade. The Youth Program provides opportunities for personal development, as well as training for first aid, health care and safety skills through a range of voluntary community service activities.

Please complete this permission form and the Medical Information Form in full and submit to the OFFICER-IN-CHARGE no later than _____

Members 16 to 17 years of age not residing with a parent or guardian may sign as adults age 18+ years

FOR MEMBERS UNDER 18 YEARS OF AGE

Dated at _____ this _____ day of _____
(location) (month) (year)

I _____ hereby understand all the above
(parent/guardian)

information and am willing to allow _____
(member's name)

to participate in voluntary community service activities

Signature of member _____

Signature of parent/guardian _____

If because of a Cadet's actions, it is deemed necessary to send him/her home, it will be at the parent's/guardian's expense.

If you have any questions or concerns contact _____ Telephone # _____
(name and position)

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Please complete this permission form and the Medical Information Form in full and submit to the OFFICER-IN-CHARGE no later than _____

FOR MEMBERS 18+ YEARS OF AGE OR MEMBERS NOT RESIDING WITH A PARENT OR GUARDIAN

Dated at _____ this _____ day of _____
(location) (month) (year)

I _____ hereby understand all the above
(member’s name)

information and am willing to participate in voluntary community service activities. If because of my actions, it is deemed necessary to send me home, it will be at my expense.

Signature of member _____

I have provided all necessary information to the member, and believe they understand all community service requirements.

(name and position) Telephone # _____