



**Volunteer Permission Slip
(Under the age of 18)**

I give my permission for _____ to participate as a volunteer at the
PARTICIPANT FULL NAME
2019 Night to Shine, sponsored by the Tim Tebow Foundation at _____
CHURCH/ORGANIZATION
on Friday, February 8, 2019.

Volunteer Information

Age: _____ DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Desired Volunteer Role: _____

Emergency Contact during event: _____

Emergency Contact Phone: _____

Parent / Guardian Phone (Home/Cell): _____

Signed _____ Date _____
(Parent / Guardian)