

UNDER 16 PARENTAL CONSENT VOLUNTEER FORM

If you are 16 or under please have a parent/guardian complete this form and return to us with your application.

I give permission for my child (Name) _____

To volunteer for The Little Heroes Foundation

My contact details are:

Name: _____

Address: _____ Suburb: _____ Postcode _____

Mobile _____

Signature _____

