



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 to my child (Name)

To volunteer for the Little Heroes Foundation

My contact details are:

Name:

Address:

Phone No: Mobile:

Email:

Signature: Date:

Please email this form to contacts@littleheroesfoundation.com.au