Julie Bishop, Volunteer Coordinator
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# Youth Volunteer Permission Slip

*I agree to the terms and conditions provided to me regarding my child's volunteer opportunities at the City Mission of Findlay. I understand that these policies are in place for the safety of the volunteers, guests, and staff of CM. If my child is in violation of them, I understand that they can be immediately dismissed from volunteer service for CM. I understand that my child is the full responsibility of _____ on this day of_____and I agree to hold harmless from all liability the management and staff of the City Mission of Findlay. I further understand and agree to comply with the following requirements in regard to minors under my care. Child must be:*

*School age minimum*
*Comfortable in a food service/kitchen environment*
*Able to take direction and complete tasks independently*
*Focused on tasks for duration of 2 ½ hour shift(or longer)*
*Behave in a reasonable and safe manor throughout duration of shift.*

| Youth Name | Parent Name | Parent Signature |
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| Youth Name | Parent Name | Parent Signature |
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