

## PARENTAL APPROVAL

(ER 1130-2-432)

NAME OF VOLUNTEER		•			
PARENT OR GUARDIAN	I'S NAME		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ADDRESS					
TELEPHONE	(Residence)			(Business)	
VOLUNTEERS program	parent/guardian of the above name n does not provide compensation, r the status of a Federal employee	except as otherwise	provided by law	, and that the	e service will not
	or				to participate
In this program spons	ored by	(Name of Sponsoring	Organization, if ap	plicable)	
		(Name of Sponsoring			
In this program spons		(Name of Sponsoring	Organization, if ap		(Date)
		(Name of Sponsoring	(Date)		
		(Name of Sponsoring	(Date)	to	
		(Name of Sponsoring	(Date)	to	