

GUIDING LIGHT

Off the street. On a payroll.

MINOR VOLUNTEER WAIVER

Name of Minor _____ Age _____ Date _____

Group Volunteering With _____

Group Leader _____ Contact # _____

Guardian

Name _____ Relation to minor _____

Phone _____ Alt. Phone _____

Emergency Contact

Same as Guardian

Name _____ Relation to minor _____

Phone _____ Alt. Phone _____

I, _____, hereby approve _____'s participation in a volunteer activity at the
(Guardian, please print name here) (Please print minor's name here)
Guiding Light Mission. I understand that he/she is in the care of the Volunteer Group Leader not Guiding Light Mission staff.
Guiding Light Mission staff are attentive to all volunteers that visit the facility, but cannot be held responsible for minors
under the care of a designated supervisor.

Guardian Signature _____ Date _____

For Office Use

Collect **prior** to the minor volunteer's participation in **any** volunteer activity at the Guiding Light Mission. This form needs to be submitted only **once**, even in the case of a minor that volunteers on a regular basis.

Additional notes about this volunteer _____

Please complete this form and email it to olivia@guidinglightworks.org or US mail it to Guiding Light, 255 Division Ave S, Grand Rapids, MI 49503.