



Unity Health Care, Inc.
Parental/Guardian Consent to Volunteer
(This consent must be submitted with copy of photo identification)

I, _____, the parent or legal guardian of _____, volunteer, who is _____ years of age, hereby authorize him/her to volunteer with Unity Health Care, Inc. I am aware that Unity Health Care, Inc. has no legal obligation to contain my child for the duration of their volunteer commitment with Unity. They are free to leave as they see fit, and Unity Health Care, Inc. cannot be held legally responsible for activities that occur outside the confines of one of our sites.

Name of Volunteer

Print Name of Parent/Guardian

Parent/Guardian Signature

Date