



# PARENT OR GUARDIAN CONSENT FORM

PO Box 3112 | Lakeland, FL 33802  
www.lighthousemin.org | (863)687-4076

Name of Minor: \_\_\_\_\_  
                                    First                                    MI                                    Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_  
  First  MI  Last

Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

As the parent or guardian of \_\_\_\_\_, I give consent for him/her to work as a volunteer at Lighthouse Ministries, Inc. In case of emergency, please contact me at the above phone number.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_