





PARENTAL/GUARDIAN CONSENT

\_\_\_\_\_ has my permission to become a

Student Volunteer at Sequoia Hospital. I will support her/his effort to honor the commitment made and encourage them to serve the hospital in a manner that will be beneficial to their development as well as to Sequoia Hospital. I have also read and reviewed the information packet regarding membership.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

