

Parental Consent Form for Campus Volunteers

CSU FRESNO DEPARTMENT OF HUMAN RESOURCES

Please print clearly, in pen. All fields must be filled out. Completed forms must be received in the Human Resources office prior to appointment to allow for processing. Incomplete forms will be returned to the department.

To be completed	d and signed by parent	t/guardian of volunteer if volu	iteer is under 18 years of age
Event/Activity:	Date:		
Volunteer Name:			
	Last	First	M.I.
Address:	Street Address		Apartment/Unit #
	City	State	ZIP Code
Health & Accident Insurance Contact:		Policy #:	
Emergency Contact:		Phone:	
l,	, being the	e parent or legal guardian of	
(the "Minor) hereby c Fresno.	onsent to and authorize th	ne Minor to act as a volunteer for Cal	ifornia State University (CSU)
basis, without any pay	,, compensation, or benef		Minor must comply with the rules and esult in the Minor's immediate removal
		performed by the Minor as a volunte he Minor's risk and I assume full resp	-
State of California, the representatives and v attorney fees, that my the CSU and the Trust	e Trustees of the California olunteers free and harmle of minor child may sustain v ees of CSU Fresno and all	a State University, CSU Fresno and alless from and against all claims, dama while participating in the volunteer a of its officers, employees, represent	• •
	Dar	ent/Legal Guardian Signature	
	his agreement, waiver and		itents. I am aware that this is a release of will.
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Signature:		Date:	