

Friendship Ventures
Guardian Permission for Staff / Volunteers Under Age 18

Friendship Ventures requests that you consider the following. It is important to us that we form a partnership with you in monitoring your teenager's safety.

Name: _____

Required for Counselors in Training (CIT) and Youth Volunteers

I give permission to my child to participate in all Friendship Ventures sponsored activities and ride in Friendship Ventures vehicles while working or volunteering for Friendship Ventures.

_____	_____/_____/_____
Guardian signature	date
_____	_____/_____/_____
Youth's signature	date

Optional for Counselors in Training (CIT) and Youth Volunteers

I give permission to my child to ride in personally owned vehicles driven by other staff members or volunteers who are above the age of 17. If you have any stipulations, please specify them below.

_____	_____/_____/_____
Guardian signature	date
_____	_____/_____/_____
Youth's signature	date

Optional for Counselors in Training (CIT) and Youth Volunteers

I give permission to my child to ride in personally owned vehicles driven by other staff members or volunteers who are *below the ages of 18*. If you have any stipulations, please specify them below.

_____	_____/_____/_____
Guardian signature	date
_____	_____/_____/_____
Youth's signature	date

Required for Counselors in Training (CIT) and Youth Volunteers

I understand that the Minnesota State Law prohibits persons under the age of 18 to use tobacco products of any kind. Friendship Ventures adheres to this Minnesota State Law and therefore prohibits the use of tobacco products by persons under the age of 18.

_____	_____/_____/_____
Guardian signature	date
_____	_____/_____/_____
Youth's signature	date