



Parental Permission for Youth Volunteering with the OCCOA

I, the parent/guardian of _____

(youth's full name printed)

am aware that my son/daughter is applying to be a volunteer at the Otsego County Commission on Aging and give my permission for them to apply, interview, and spend time volunteering for OCCOA volunteer programs, activities, and services.

I understand that I am welcome and encouraged to attend the interview and to contact the OCCOA Volunteer Coordinator at (989) 732-1122 at any time with questions or concerns.

Parent/Guardian name (printed): _____

Parent/Guardian (signature): _____

Date signed: _____

Contact information of Parent/Guardian in case of an emergency.

Daytime phone number: _____

Cell phone number: _____

Home phone number: _____