



Volunteer Permission Slip (Volunteers Under Age 18)

I give my permission for _____ to participate as a volunteer at the 2024 Night to Shine, sponsored by the Tim Tebow Foundation at St. Catherine of Siena Catholic Church on Friday, February 9, 2024.

Volunteer Information

DOB: _____ Gender: Female: ____ Male: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home): _____

Parent / Guardian Phone (Cell): _____

Desired Volunteer Role: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____

***Remit form to: (Juan AguirreRobles, St. Catherine of Siena Catholic Church,
nts.kofc11234@gmail.com)***