

Thrive DC Student Volunteer  
PARENT PERMISSION SLIP

Student Name: \_\_\_\_\_

Start Date: June 23, 2019

End Date: June 28, 2019

**Parent: Please complete & return this form to Thrive DC.**

I, \_\_\_\_\_, give permission for my child

\_\_\_\_\_  
(Parent Name)

(Student Name)

to volunteer at Thrive DC, a homeless service center in Columbia Heights neighborhood of Washington DC .

My signature evidences that I accept general liability for the participation of my child in the Activities related to the administration and implementation of all programming provided at Thrive DC.

Thrive DC, its staff, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this volunteer activity.

My signature also evidences that I agree, that my child will undergo a background check, as is the policy for all volunteers at Thrive DC. My signature also evidences that I agree, that in the event of a medical emergency, to allow my child to be treated by appropriate emergency medical personnel.

If your child will be accompanied by an adult other than a parent or legal guardian please provide the

name of the responsible adult/entity Calvary Church / Experience Mission.

(Adult's Name)

Your signature on this document indicates that adult named has full responsibility for your child while they are at Thrive DC and the named adult has full knowledge and understanding of their responsibility.

\_\_\_\_\_  
(Parent Signature)

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

Unaccompanied students under the age of 18 must have a completed and signed permission slip before they will be permitted to volunteer at Thrive DC. No exceptions will be made.