



OPEN TABLE Ministry

Post Office Box 51363
Durham, NC 27717
(919) 412-7011
www.opentableministry.org

Volunteer Parental Permission Form

Volunteer Name

Date of birth

I, the parent or legal guardian of _____, extend permission for him/her to engage in volunteer activities with Open Table Ministry, Inc.'s Free Store, distributing clothing and other items to our homeless and unsheltered clients. In case of emergency, I give permission for my child to receive medical treatment.

Parent or Legal Guardian Signature

Parent Name

Parent email

Parent phone number(s)

Date

Emergency Contact during Volunteer Activity (if different from above parental information)

Name: _____

Relationship to Participant: _____

Phone Number(s) where contact can be reached: _____

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

Open Table Ministry, Inc., is a registered 501(c)3 nonprofit organization.