



Parent Permission Form

Dear Parent/Guardian:

The McKenzie Noelle Wilson Foundation invites your child to volunteer at MARC – McKenzie’s Academic Resource Center. The MARC Center is an after school tutoring and mentoring program for children ages 5-18. We are looking for students ages 14 and up to help with elementary reading, computers, math and various other activities during the after school programs. The mission of The McKenzie Noelle Wilson Foundation is to help young people recognize their full potential by providing programs that encourage caring for others, giving to those in need, and growing in their own spirituality.

If you would like your middle or high school student, ages 14 to 17-years-old, to have this opportunity, please fill out and sign the permission slip below and return it to The McKenzie Noelle Wilson Foundation. **Student must be 14-years-of-age or older.**

Parent/Guardian Name _____ Relationship to Child _____

Child's Full Name _____

Date of birth _____ Grade _____ Male/Female _____

School student is attending _____

Address _____
Street city state zip

Parent Home Phone _____ Work Phone _____

Parent Email Address _____

I give permission (1) for my child to participate as a volunteer with The McKenzie Noelle Wilson Foundation; (2) if necessary, to have my child transported by bus or van to/from the volunteer event; (3) to be photographed or videotaped and to allow any and all uses of my child’s image and first name in connection with promoting the Foundation, exhibitions, public displays and publications without reservation or compensation; and (4) hereby release and discharge the Foundation and their agents, servants and/or employees, for all liability for damages of every kind, nature and description arising from out of or incurred in connection with my child’s volunteer work with the Foundation, including but not limited to transportation to and from events.

This authorization shall be effective and continually in force, to the extent permitted by law, from the date of this authorization until revoked by the Parent/ Guardian with written notice.

Parent/Guardian Signature _____ Date _____



VOLUNTEER INFORMATION FORM

Name: _____

DOB: _____

Email: _____

Phone: _____ TEXTING OK? YES NO

Address: _____

Do you have any medical conditions or allergies?

Emergency Contact:

Name _____

Phone _____

Method of transportation:

T-SHIRT SIZE: S M L XL XXL

STAFF USE ONLY

Parent Permission Form? ____ Background Check Complete? ____

APPROVED BY: _____ DATE: _____