

## Sample 17 COMMUNITY SERVICE CONSENT FORM

As a component of the St. John Ambulance Brigade, the Youth Program was established to give young people between the ages of 6 and 20 the chance to join in the work of the St. John Ambulance Brigade. The Youth Program provides opportunities for personal development, as well as training for first aid, health care and safety skills through a range of voluntary community service activities.

**Please complete this permission form and the Medical Information Form in full and submit to the OFFICER-IN-CHARGE no later than \_\_\_\_\_**  
Members 16 to 17 years of age not residing with a parent or guardian may sign as adults age 18+ years

### FOR MEMBERS UNDER 18 YEARS OF AGE

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
(location) (month) (year)

I \_\_\_\_\_ hereby understand all the above  
(parent/guardian)  
information and am willing to allow \_\_\_\_\_  
(member's name)  
to participate in voluntary community service activities

Signature of member \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

If because of a Cadet's actions, it is deemed necessary to send him/her home, it will be at the parent's/guardian's expense.

If you have any questions or concerns contact

\_\_\_\_\_ Telephone # \_\_\_\_\_  
(name and position)