

# blessings about parental consent form

10325 Metcalf Avenue  
Overland Park, Kansas 66212  
913.648.0700  
[volunteer.blessings@gmail.com](mailto:volunteer.blessings@gmail.com)  
[www.blessingsaboundkc.org](http://www.blessingsaboundkc.org)

Parental Permission For: \_\_\_\_\_

Dear Parent,

The Blessings About Community Service program is a program designed to allow youth in need of community service hours for school, organization, or court appointed reasons to complete said hours. Its purpose is to provide a safe, flexible environment for youth to complete their required community service hours. Our program is designed in such a way for the youth to complete their hours at their own pace and at a time they decide within the operating hours of Blessings About Thrift Store.

Placement of a student into our program is always done with the consent and knowledge of the parent and/or guardian of said student. Youth must be 15 years of age or older to volunteer without a parent or guardian.

I, \_\_\_\_\_ as the legal parent/guardian of \_\_\_\_\_, give my express permission for my student to participate in the Blessings About Community Service program.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY