



VancouFur 2017

Date: _____

Minor volunteer consent form

Name of child/dependent who will be volunteering: _____
Child/Dependent birth date (YYYY): _____ (MM): _____ (DD): _____
Child/Dependent home address:
Street: _____
City: _____ Province/State: _____
Postal/Zip code: _____
Parent/Guardian's Emergency Contact Number during the Convention: (____) _____ - _____
Parent/Guardian's printed name: _____

VANCOUFUR INFORMATION

Name: VancouFur

Work Location: Executive Airport Plaza
7311 Westminster Highway
Richmond
BC V6X 1A3

Contact Info:

Volunteers Lead: volunteers@vancoufur.ca

Hotel: Toll Free: 1-800-663-2878

Other Enquiries: 604-278-5555

See more at: <http://www.executivehotels.net/vancouver-airport-hotel/>

I understand that my child/dependent will be supervised at all times by either staff, other volunteers, or board members. I understand that there is a degree of risk involved in some of the activities that may be performed. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/dependent, I authorize my child/dependent to participate in the volunteer activities for VancouFur.

Signature of Parent/Guardian

Date

Volunteer's Signature

Date