



**VancouFur 2017**

March 9-12<sup>th</sup>, 2017

**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.org](mailto:volunteers@vancoufur.org)

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