



**VancouFur 2024**

March 7-10th

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**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:**

Sheraton Vancouver Guildford Hotel  
15269 104 Ave, Surrey, BC V3R 1N5

**Contact Info:**

Volunteers Lead: [hr@vancoufur.org](mailto:hr@vancoufur.org)

Hotel: Toll Free: 1-800-587-3038 Other Enquiries: [\(604\) 582-9288](tel:6045829288)

See more at: <https://www.marriott.com/en-us/hotels/yvrsi-sheraton-vancouver-guildford-hotel/overview>

Any other information about your child that we should know:

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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.

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Signature of Parent/Guardian

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Date

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Volunteer's Signature

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Date