

Carlsbad Battered Families Shelter, Inc.

Parental Permission Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give my permission for him/her to complete community service hours at the Carlsbad Battered Families Shelter. Duties may include yard work such as pulling weeds, picking up trash, organizing/sorting donations, painting bedroom walls, and cleaning public areas. Please understand your child will not be with an adult at all times however there will be staff on site. I also understand that the Carlsbad Battered Family Shelter is a non profit organization that provides safe shelter and other services to victims of Domestic Violence and I agree to keep all conversations I may hear or clients I may see confidential. If you have any questions please call 575-885-4615.

Minor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Any health/allergy information for staff to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency notify: \_\_\_\_\_

Name

Phone Number

Thank You for your service,

Erika Wright, Executive Director

[Cbfs520@gmail.com](mailto:Cbfs520@gmail.com)

[www.carlsbadshelter.com](http://www.carlsbadshelter.com)

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