

# blessings abound parental consent form

10325 Metcalf Avenue - Overland Park, KS 66212 - 913-648-0700

www.blessingsaboundkc.org

PARENTAL PERMISSION FOR: \_\_\_\_\_  
Name

DEAR PARENT,

THE BLESSINGS ABOUND COMMUNITY SERVICE PROGRAM IS A PROGRAM DESIGNED TO ALLOW YOUTH IN NEED OF COMMUNITY SERVICE HOURS FOR SCHOOL, ORGANIZATIONAL, 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 ABOUND THRIFT STORE.

PLACEMENT OF A STUDENT INTO OUR PROGRAM IS ALWAYS DONE WITH THE CONSENT AND KNOWLEDGE OF THE PARENT/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 ABOUND COMMUNITY SERVICE PROGRAM.

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

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

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

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