

Environmental Protection and Growth Management Department

ANIMAL CARE AND ADOPTION DIVISION

1870 SW 39th St. • Fort Lauderdale, Florida 33315 • 954-359-1313 • broward.org/animal

Volunteer Parental Permission Form

Volunteer Information													
Last Name				First Name					Middle Initial				
Home Address					City				State Zip				
Home Phone					Mobile Phone								
Date of Birth					Email								
Volunteer Position	Location												
Days:	Monday Tuesd		ay Wednesday		Thursday Frida		Friday	Saturday		ay	Sunday		
Time:													
Method of Transportation													
Parent/Guardian Information													
Last Name			First Name					Middle Initial					
Home Address					City				State	State Zip			
Home Phone			Mobi	le Phone	I	Work Phone							
Emergency Contact Name													
Relationship to Volunteer													
Emergency Contact Phone					Emergency Contact Phone (Alternate)								
My son/daughter/ward has my permission to participate in the Broward County Animal Care Volunteer Program at the above stated location. I am aware of my child's schedule, possible volunteer job duties and expected rules of behavior and I am in accordance with them. My son/daughter/ward has my permission to sign the Request for Criminal Background Information form, which authorizes Broward County to conduct the required criminal background screening. Parent/Guardian Signature Date													
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