



Thank you for your interest in volunteering with WEAVE!

GUARDIAN CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, _____
to provide volunteer services to WEAVE, Inc. I also give WEAVE, Inc. my consent to obtain
emergency medical treatment necessary for the safety of my child.

Parent/Guardian Signature: _____ Date: _____

Printed name of Parent/Guardian: _____