



CALIFORNIA DEMOCRATIC PARTY

SENATOR JOHN BURTON (RET.), CHAIRMAN

Parental Consent Form

In consideration of allowing my child to participate as a volunteer for the California Democratic Party,

I, _____, do hereby consent to the following:
(Please print name of Parent or Guardian)

The California Democratic Party will not, and cannot, be held accountable/liable for any physical injuries that could perhaps result by my child's participation as a volunteer, nor shall the California Democratic Party be held accountable for any physical injuries that are, or could be, a consequence of any pre-existing condition of any kind.

Please print the following information:

Name of volunteer (under the age of 18 as of 04/15/2010): _____

Birth Date of Volunteer (month/date/year): _____ / _____ / _____ Age of Volunteer: _____

Social Security number of volunteer: _____

Name of parent/guardian: _____

Address of volunteer: _____

Address

City _____ **State** _____ **Zip** _____

Phone Number of volunteer (including area code): _____

In case of emergency call (CONTACT NAME): _____

At (phone number, including area code): _____

Please list any pre-existing health conditions (allergies, diabetes, etc.) that we must be aware of:

**Volunteers with disabilities needing reasonable accommodations must contact the Volunteer Director at 916-442-5707 by April 1, 2010 to make arrangements.*

Signature of Volunteer: _____

Signature of parent/guardian: _____

Today's Date: _____ / _____ / _____