



Volunteer Permission Slip (Volunteers Under Age 18)

I give my permission for _____ to participate as a volunteer at the 2025 Night to Shine with Grace Community Church on Friday, February 7, 2025.

Volunteer Information

DOB: _____ Gender: Female Male

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home): _____

Parent / Guardian Phone (Cell): _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____

Please make sure to attach this completed form if you are ages 15, 16 or 17. People ages 14 and under are not permitted to volunteer at Night to Shine. If you have any questions please feel free to email nighttoshine@gcctopeka.org.