



**East Cheshire
Hospice**

Where people come to live

Volunteering parent / guardian consent form For participants under 18 years of age

Every volunteer under the age of 18 must ask their parent or guardian to complete and sign this Parental Consent Form. Please return the completed Parental Consent Form to the Volunteering office, East Cheshire Hospice, Millbank Drive, Macclesfield, Cheshire SK10 3DR

Name: _____ **D.O.B:** _____

Volunteer Role _____

Type of volunteering - Personal / D of E / School work experience / Other

If school, which school – and contact _____

Home Address: _____

I confirm that I agree to the young person named on this form undertaking Voluntary work with East Cheshire Hospice, and that I have read the contents contained within the Volunteer information pack provided.

Signed: _____ **Parent/Guardian**

Date: _____ **Print Name:** _____

Emergency Contact no: _____

Email address: _____

Address, if different from above: _____

Staff name _____ **Completed in person /over phone**

Data Protection Statement: This information will be securely held by East Cheshire Hospice. Details will not be supplied to any third party.