



Student / Youth Volunteer Program Parent / Guardian Approval

I hereby give my permission for _____, age _____, to participate in the DFPS Student / Youth Volunteer Program.

I understand that he / she will work without compensation and must adhere to the work rules established for employees of the Texas Department of Family and Protective Services.

Signature of Parent / Guardian (relationship to youth) Date

Emergency Information

Please list two individuals for contacting in the event of emergency:

1. Primary contact:

Name _____ Relationship _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

2. Secondary contact:

Name _____ Relationship _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Placement Information:

Supervisor's name Unit APS CPS CCL Location