

STATE OF NEVADA
Department of Conservation and Natural Resources
DIVISION OF STATE PARKS

PARENTAL APPROVAL FORM

Name of Volunteer (**STUDENT**) _____

Parent or Guardian's Name _____

Address _____

Phone: (Residence) _____ (Business) _____

I affirm that I am the parent/guardian of the above-named volunteer. I understand that the Volunteer In Parks program does not provide compensation, except as otherwise provided by law. The service will not confer on the volunteer the status of a State employee. I have read the attached form explaining the type of work to be performed with the

(Name of Sponsoring Organization)

at _____
(Name of Park)

from _____ to _____
(Date) (Date)

I give my permission for _____ to participate in this program.

(Signature)

(Date)