



**PARENT CONFIRMATION OF QUALIFICATIONS  
OF MINOR VOLUNTEER APPLICANT**

Minor Applicant Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

1. How would you describe your child's ability to relate to adults with special needs, children and/or youth?
  
2. How would you feel about having your child serve as a volunteer worker with adults with special needs, children and/or youth?
  
3. Do you know any characteristics that would negatively affect your child's ability to work with adults with special needs, children and/or youth? If so, please describe.
  
4. Has your child ever been convicted of a crime? If so, please describe.
  
5. Please list any other comments you would like to make:

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date