

## CONSENT TO VOLUNTEER FORM

**As you are under the age of 18 years, the signature of your parent or legal guardian is required to grant consent for you to volunteer**

I, \_\_\_\_\_ [name of parent or guardian]

of \_\_\_\_\_ [address of parent or guardian]

\_\_\_\_\_  
\_\_\_\_\_

as the **Father/Mother/Guardian**

of \_\_\_\_\_ [print name of volunteer applicant]

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ [Date of Birth of applicant]

**grant consent for the above-named applicant to volunteer\* with Special Olympics Ireland  
\*(subject to the outcome of their application)**

Signed: \_\_\_\_\_ [parent or guardian]

Date: \_\_\_\_\_

**Please return to:  
Special Olympics Ireland  
National Sports Campus  
Snugborough Road  
Blanchardstown  
Dublin 15**