

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**