

**BELL COUNTY MUSEUM
PARENT/GUARDIAN PERMISSION FOR MINOR TO VOLUNTEER**

NAME OF MINOR: _____

NAME OF GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

By signing this release, you are verifying that you give permission for your minor child to participate as a volunteer at Bell County Museum and agree to all of the conditions and responsibilities set forth in the Bell County Museum Volunteer Handbook and volunteer training.

Parent/Guardian Signature: _____ Date: _____

Museum Representative's Signature: _____ Date: _____