



Prospective Volunteer Parental Consent Form

FIRST NAME

LAST NAME

I give consent for my child first name _____,

to provide volunteer services to Community Blood Center.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

Please fax this form to Pam Keenan, Volunteer Manager at **816-968-4430**

If you would like more information, please contact Volunteer Services at 816-968-4079, or email pkeenan@cbckc.org