



Parent/Guardian Permission Form
to volunteer with Hamilton Out of the Cold
(if Applicant is 16-18 years old)

- print this form
- complete the form
- return this form to the Hamilton Out of the Cold office
or your Coordinator *Thank You*

Name of Applicant: _____

Name of Parent/Guardian: _____

Phone Number: _____

Alternate Phone Number: _____

Signature of Parent/Guardian _____