

**Parent/Legal Guardian Permission Form**

Form must be filled out by parent/legal guardian of the individual interested in volunteering and returned prior to the volunteer application being processed. If this form is not returned within 4 weeks of the application date, the application will be removed from consideration.

I \_\_\_\_\_ as parent/legal guardian hereby grant permission for \_\_\_\_\_ to serve as a volunteer at Froedtert West Bend Hospital.

\_\_\_\_\_  
Parent/Legal Guardian Signature (required)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Please return form to Keri Schwartz at [keri.schwartz@froedtert.com](mailto:keri.schwartz@froedtert.com).

Mailing address:  
Human Resources  
Froedtert West Bend Hospital  
3200 Pleasant Valley Road  
West Bend, WI 53095