

TO BE COMPLETED IF APPLICANT IS UNDER THE AGE OF 18.



This form is to be signed by the applicant and their Parent/Legal Guardian.

To be completed by Parent / Guardian

..... (Parent/Guardian full name)
 consents to (Name of young person)
 participating in the volunteering scheme within Surrey Police. I can confirm that I have
 legal parental responsibility for the named young person and that I am entitled to give
 this consent.

Signed..... Dated

To be completed by the above named young person

..... (Full Name)
 consent to my participation of the volunteering scheme within Surrey Police.

Signed..... Dated

Please return to: Volunteer Manager
 Police Support Volunteers
 Po Box 101
 Guildford
 GU1 9PE