



## **Volunteer Consent for Applicants Under 19 Years of Age**

I, undersigned, give my permission for my child/ward to volunteer with  
Youth Impact Jeunesse.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

---

---

Date

---

This form must be mailed or dropped of to:

**Youth Impact Jeunesse**  
C/O Youth QUEST Central  
199 St. George Street  
Moncton, NB E1C 1V6  
(506) 869-6355