



FISHERMAN'S MARK  
89 NORTH MAIN STREET  
LAMBERTVILLE, NJ 08530  
P: 609.397.0194 F: 609.397.7486  
E-MAIL: FISHERMANSMARK@VERIZON.NET

## Permission for a Youth Volunteer

**I understand that I am giving permission for my child to participate as a Volunteer Worker at Fisherman's Mark. To the best of my knowledge, my child has no illness or disability, except as described below, that limits my child's activities. Your child will be working with or in close proximity to adults known to the organization.**

Parent/Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

e-Mail address \_\_\_\_\_

Name & age of child who will be participating:

\_\_\_\_\_

Limitations: \_\_\_\_\_

Name & age of child who will be participating:

\_\_\_\_\_

Limitations: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Thank you.