

BIG BROTHERS/BIG SISTERS OF FLATHEAD COUNTY
LUNCH PAIL PALS
PARENT PERMISSION AND RELEASE FORM
HIGH SCHOOL BIGS

I, _____ give permission for my daughter/son,
_____ to volunteer as a High School Lunch Pail Pal.

I understand that the minimum time she/he will be volunteering is one school year, and that she/he will spend an hour each week with an elementary school student. I understand that her/his involvement in the Lunch Pail Pals program will be under the guidance of Big Brothers Big Sisters Lunch Pail Pals Staff.

Transportation is the responsibility of _____.

I feel this is a good opportunity for my daughter/son and fully support and recommend her/his involvement with the program. Please accept this permission form as a positive reference for my daughter/son to participate in this program.

Parent Signature

Date