



## Community Helpers Participation Form

I agree to participate in the *Community Helpers* program training. I will make every effort to attend each training session, and I will let the *Community Helpers* facilitator know when I cannot attend. By signing below, I recognize that I am not responsible for the actions of those I help.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

### Parent/Guardian Section (For helpers under the age of eighteen\*)

I permit my child, \_\_\_\_\_, to participate in the *Community Helpers* program run by *The Open Door*.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Reminders will be sent out prior to each class.