



## Milwaukee Rescue Mission Youth Volunteer Consent Form

\_\_\_\_\_ has permission to volunteer at the Milwaukee Rescue Mission helping with duties specified by, and under the supervision of the staff of the Milwaukee Rescue Mission.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please return completed form to:  
Volunteer Coordinator  
Milwaukee Rescue Mission  
830 N. 19th Street  
Milwaukee, WI 53233