



2812 Old Lee Highway, Suite 210  
Fairfax, VA 22031  
Voice (703) 204-4664  
Fax (703) 204-0509  
[www.AlzheimersFDC.org](http://www.AlzheimersFDC.org)

## Parental Permission Form

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to volunteer at Alzheimer's Family Day Center. I understand that students must be of high school age to work directly with participants, and that students under the age of 16 are prohibited by law from working more than 3 hours in a school day or 18 hours a school week, or 8 hours a day/40 hours a week during non-school weeks. I am aware that AFDC hours are from 7:30am to 5:30pm. I will not drop off my child before 7:30am or pick my child up after 5:30pm\*. I understand that I can contact the Center at any time with questions or concerns.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Sharing the Care*  *Spreading the Knowledge*

\*Staff members cannot leave for the day until all youth volunteers are picked up. Please arrange to be at the Center between 5:00 and 5:30pm for afternoon volunteers.