

PARENTS' CONSENT FORM (1A)

Admission, Training Program
1000 Missionaries Movement

PARENTS' INFORMATION

Father's Name _____

Mother's Name _____

Date of Marriage _____

Mobile Number _____

Email Address _____

VOLUNTEER REFERRAL INFORMATION

Name (Last, First, Middle Names) _____

Sibling Rank (including deceased) _____

Birthdate _____

Birthplace _____

School Last Attended/Year _____

CONSENT

I, (full name of parent/guardian) _____,

residing at (full address with post code) _____

give permission/consent for (full name of volunteer) _____

born on (date of birth) _____ to join and participate in the missionary training (2 months) and project (10 months) of 1000 Missionary Movement. I am fully aware of the conditions of the missionary program and I agree to my son/daughter being assigned to the designated mission field.

Signature

Printed Name _____

Date of Signing _____

Relationship to the Volunteer Missionary _____