



**Parental Consent for Minor Background Check/  
Minor Release to Volunteer\***

*\*This form must be completed by a parent or legal guardian*

A minor, (name) \_\_\_\_\_, is applying to volunteer with the City of Box Elder.

I, \_\_\_\_\_, parent or legal guardian, consent and authorize the City of Box Elder and its authorized agents to conduct a background check on the above-referenced minor. As the parent or legal guardian, I understand the purposes of this background check and hereby provide my consent for the background check. I consent, and hereby grant permission, for (minor name) \_\_\_\_\_ to volunteer with the City of Box Elder.

I, for myself and on behalf of the above-named minor, release the City of Box Elder, its employees, elected officials and agents from any liability for obtaining the background check identified in this Consent

I further state that I have reviewed the City of Box Elder's Municipal Volunteer Form, and City of Box Elder Volunteer Application, and hereby consent for the abovenamed minor to participate in the City of Box Elder Volunteer Program. I, for myself and on behalf of the above-named minor, hereby release the City of Box Elder, its employees, elected officials, and other agents from all claims, demands, and causes of action which I, my heirs, representatives, or any other persons acting on my behalf may have by reason of the above-named minor's participation in the City of Box Elder Volunteer Program.

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Print Name of Parent or Legal Guardian

Relationship to Minor

***I have read the foregoing and agree to be bound by the terms of this authorization and release.***

**PLEASE PRINT CLEARLY**

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Minor's Date of Birth (for identification purposes only)

Parent or Legal Guardian Telephone Number

***I have read this Authorization and Consent for Minor Background  
Check and Consent for Approval of Minor Volunteer and fully  
understand the terms of this Release and Consent:***

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Signature of Parent or Legal Guardian

Date

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Signature of Minor Applying

Date

Please complete and return to:

City of Box Elder • 420 Villa Dr. • Box Elder, SD 57719

E-mail: [humanresources@boxelder.us](mailto:humanresources@boxelder.us) • Fax: (605) 923-1404