

Positive Action Community Theatre (PACT)  
Volunteer Information Form for Minors

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

Address: \_\_\_\_\_

\_\_\_\_\_ city zip code

Phone number(s): \_\_\_\_\_

home cell

Email: \_\_\_\_\_

Parent/Guardian contact info: \_\_\_\_\_

name

\_\_\_\_\_ phone email

Where did you hear about us? \_\_\_\_\_

If you are volunteering to complete community service hours for your school, how many hours do you plan on volunteering at PACT? \_\_\_\_\_

Date you would like to begin volunteering: \_\_\_\_\_

If you are under 18 years of age, please have your parent/guardian sign below:

I give my permission for \_\_\_\_\_ to volunteer at PACT programs. I understand that I also need to sign a liability waiver. My child has transportation to and from the workshops.

\_\_\_\_\_ signature date

**Optional:** I give my permission for photos to be taken of \_\_\_\_\_, and understand that these photos may be used in the media or website.

\_\_\_\_\_ signature date

**Positive Action Community Theatre (PACT)**  
**2061 Village Park Way, #227, Encinitas, CA 92024 (office address)**  
**info@pacthouse.org www.pacthouse.org 760-815-8512**  
**PACT is a 501(c)3 non-profit organization**