# Minors Consent Form

I/We,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name and Surname of Legal Guardian/s) accept that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of minor Volunteer) conducts voluntary work within Fondazzjoni Sebħ. For the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ till\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I/We give our consent to the HR of Fondazzjoni Sebħ to check on our son/daughter regarding the Protection of Minors Registration Act (POMA).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of guardian & ID No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of guardian & ID No.