



Parent / Guardian Consent Form

Bridging Hearts Across Generations

Our Mission

Our mission is to brighten the lives of aging individuals in nursing home facilities by connecting them with student volunteers and members of the community who offer friendship, empathy, and a listening ear while bridging compassion between generations.

I give permission for my child to participate as a volunteer with Bridging Hearts Across Generations. I understand that my child will be visiting nursing home facilities under supervision and is expected to follow all organizational and facility rules, including privacy and conduct guidelines.

I acknowledge that participation is voluntary and that Bridging Hearts Across Generations is not responsible for personal belongings or unforeseen incidents, except where required by law.

Parent / Guardian Information

Student Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Signature: _____

Date: _____