

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION  
**REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR**  
CDE Form B1-6 (Rev. 04-12)

(Print Information)

**Minor's Information**

Minor's Name (First and Last)	Home Phone	Birth Date
Home Address	City	Zip Code

**Local Education Agency Information**

LEA Name	LEA Phone	
LEA Address	City	Zip Code

List educational program for this placement: \_\_\_\_\_

**To be filled in by employer or agency of placement.**

Business or Agency of Placement Name	Business Phone	
Business Address	City	Zip Code

Minor's services during volunteer/unpaid training: \_\_\_\_\_

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Employer's Name (Print First and Last)	Employer's Signature	Date
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**To be signed by parent or legal guardian.**

*As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training.  
I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

Parent/Guardian's Name (Print First and Last)	Parent/Guardian's Signature	Date
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**Certification**

*In compliance with California Education Code 51769, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.*

*I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

Authorizing Personnel's Name and Title (Print)	Authorizing Personnel's Signature	Date
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Copy—Local Education Agency; Employer or Agency of Placement; Parent or Legal Guardian