



# OREGON DEPARTMENT OF FISH & WILDLIFE STATEWIDE VOLUNTEER PROGRAM

CONFIDENTIAL DOCUMENT

Effective June 1, 2024

## Request to Delete a Child's Volunteer and Event Management (VEM) Account Record

### INSTRUCTIONS

Return completed form by fax or mail and mark correspondence as "**Confidential**"

### MAIL:

Oregon Dept. of Fish & Wildlife, HR/SVP  
Fairview Industrial Dr SE, Salem, OR 97302

### FAX:

503-947-6050 4034  
Attn: HR/SVP

The parent or legal guardian who signs this cancellation request must be the same as who authorized the child's account creation or signed the authorization for the child to volunteer. This request is to delete the child's VEM account, and both the parent or legal guardian and child understand that they will no longer be able to access the account once it has been deleted.

### THIS SECTION TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN

Child's First Name

Child's Middle Name

Child's Last Name

Child's Date of Birth

Child's VEM Username

I certify that I am the parent or legal guardian of the child listed above and created their VEM and/or provided consent for the collection of personal information from my minor child. I am now requesting the deletion of my child's account and understand that neither my child, myself or other parents or legal guardians will have access to my child's account or historical event participation information, including Hunter Education and Bowhunter Education certification information. **Note:** If you are unsure of who signed the consent, include both signatures.

Parent's First Name

Parent's Last Name

Relationship to Child

Parent's Signature

Date

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Parent's First Name

Parent's Last Name

Relationship to Child

Parent's Signature

Date

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A photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.