



# DIOCESE OF HAMILTON

700 King Street West, Hamilton, Ontario, Canada L8P 1C7

## PARENT CONSENT FOR YOUTH VOLUNTEERS

*This form is to be completed for any volunteer under the age of 18.*

Parish: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Volunteer Position(s): \_\_\_\_\_

Adult Supervisor or Ministry Leader(s): \_\_\_\_\_

- I give permission for my son/ daughter to participate in the above volunteer position(s).
- I understand that he or she is expected to comply with the Volunteer Guidelines and the activities and the responsibilities of the position description.
- Further, I agree to communicate any significant health problems to the Ministry leaders. It may also be given to health care professionals in case of an emergency.

Signature of Volunteer: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Health Problems and Allergies: \_\_\_\_\_

\_\_\_\_\_

Medication or Treatment: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

*This form is to be completed annually. This information will be used for Parish purposes only.*