

**ST. PATRICK PARISH Diocese of Hamilton Parent Consent
for De Mazenod Door Outreach (UNDER 18YRS)**

This form is to be completed for any volunteer under the age of 18. Youth's Year of Birth:

Parish: St. Patrick Parish Date: /2018

Name of Volunteer:

Volunteer Position(s): De Mazenod Door Outreach

Adult Supervisor or Ministry Leader(s): SHERRI RAMIREZ

Signature of Volunteer:

Parent or Guardian Name:

- 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.

Health Problems and Allergies:

Medication or Treatment:

Health Card/OHIP Number: Expiry Date:

Physician Name: Telephone:

Parent or Guardian Signature:

Address:

Street, City, Postal Code, Telephone (Res.), Telephone (Bus/Cell)

E-mail Address:

Relationship to Volunteer:

Please provide an additional Emergency contact name

Name:

Address:

Street, City, Postal Code, Telephone (Res), E-mail

Relationship to Volunteer:

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

Form 6.1130