



DE MAZENOD DOOR OUTREACH

Diocese of Hamilton

Parent Consent for Youth Volunteers (Under 18Yrs Old)



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

Youth's Year of Birth: _____

Date: ____/____/____ (dd/mm/yyyy)

Student

Family Member

Name of Volunteer : _____
(Last Name) (First Name)

Volunteer Position(s): _____ Ministry: _____

Adult Supervisor or Ministry Leader(s): _____

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 Number : _____

Parent or Guardian Signature: _____

Address: _____
(Street) (City) (Postal Code)

Telephone (Residence): _____ Mobile / Business Phone Number: _____

E-mail Address: _____

Relationship to Volunteer: _____

***** Please provide an additional Emergency contact name:**

Name: _____

Address: _____
(Street) (City) (Postal Code)

Telephone (Residence): _____ Mobile / Business Phone Number: _____

E-mail Address: _____

Relationship to Volunteer: _____