

Parish Ministry Minor Volunteer Permission Slip

This form must be completed for all volunteers under the age of 18.

Volunteer Information

Full Name: _____ Date of Birth: _____
Address: _____
Phone: _____ Email: _____

Parent/Guardian Information

Full Name: _____ Phone: _____
Address: _____
Email: _____ Relationship to Volunteer: _____

Parish/Ministry Information

Ministry Name: _____
Parish Name: _____
Address: _____
Activity/Program Name: _____
Date(s) of Volunteering: _____

Consent and Release

I, the undersigned parent/legal guardian, give permission for my child, named above, to volunteer in parish or ministry-related activities as indicated above. I understand this is not a field trip, but a volunteer activity within parish, school, or ministry facilities or related locations.

I acknowledge that participation involves some inherent risks. I agree on behalf of myself, my child, and our heirs, successors, and assigns to release, hold harmless, and defend the parish/ministry named above, the Roman Catholic Diocese of Sacramento, and Catholic Mutual Group, its clergy, employees, volunteers, and representatives from any claims, injury, illness (including communicable diseases), or damages arising from participation, except those resulting from gross negligence.

Medical Authorization

In the event of a medical emergency and if I cannot be reached, I authorize emergency medical treatment for my child. I accept responsibility for any costs related to such treatment.

- Allergies or Medical Conditions: _____
- Medications: _____
- Health Insurance Carrier: _____ Policy #: _____
- Family Doctor: _____ Phone: _____

Emergency Contact (other than parent/guardian):

Name: _____ Relationship: _____
Phone: _____ Alt Phone: _____

Signatures

I have read and agree to the above terms:

Parent/Guardian Signature: _____ Date: _____
Minor Volunteer Signature: _____ Date: _____

For Parish Use Only

Received by: _____ Date: _____