Diocese of Hamilton
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): _____

- **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) _____

Relationship to Volunteer: _____

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

Name: _____

Address:_____

Street City Postal Code

Telephone (Res): _____Telephone (Bus/cell) _____

Relationship to Volunteer: _____

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