

# STUDENT VOLUNTEER PARENTAL PERMISSION FORM

For Youth Volunteer Hours at the Diocese of St. Petersburg Pastoral Center or Other Diocesan Entity

## SECTION 1 – INFORMATION ABOUT MY SON/DAUGHTER/CHILD UNDER MY LEGAL CARE

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_\_ MONTH DAY YEAR

Gender: Male  Female

Student's Organization (School, Parish, etc.):  
\_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

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

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

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

## SECTION 2 - MEDICAL INFORMATION:

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation. Explain fully (attach an additional sheet if necessary). Enter "None" if there are no issues.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3 – CONSENT AND RELEASE

**General:** I hereby request and give my permission for my youth to volunteer hours of service at the Diocese of St. Petersburg Bishop Larkin Pastoral Center or one of its entities. I understand and assume the risks inherent with this volunteer service from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Most Reverend Gregory L. Parkes, Bishop of the Diocese of St. Petersburg and all employees, agents and volunteers from

any and all claims for any and all harm arising to my youth as a result of his/her providing volunteer hours to the Diocese of St. Petersburg.

**Medical:** I request the Diocesan entity representative obtain medical treatment for my youth in the unlikely event of injury or illness during his/her voluntary service and I agree to pay any expenses incurred for such treatment.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature)

**CONTINUED ON REVERSE SIDE**

**SECTION 4 – VOLUNTEER STUDENT’S ORGANIZATION**

**Name of Organization:**

\_\_\_\_\_

**Report Volunteer Hours to (Name):** \_

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Fax Number:**

\_\_\_\_\_

**SECTION 5 – RESPONSIBLE DIOCESAN OFFICE (Providing Student Volunteer Hours)**

**Pastoral Center/Diocesan Entity Office:**

\_\_\_\_\_

**Name & Phone # of Volunteer Youth’s Direct Supervisor:** \_\_\_\_\_

**Type of service (Community, etc.)**

\_\_\_\_\_

**Type of work performed (Office, maintenance, etc.):** \_

\_\_\_\_\_

**Number of Hours Volunteered**

\_\_\_\_\_

(Use Sign-in sheet below to total hours volunteered)



