



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)

SECTION 6 - SIGN IN/OUT SHEET			
Date	Time In	Time Out	Name of Organization Receiving Volunteer Hours

Total Volunteer Hours

COPY TO: <input type="checkbox"/> Student Volunteer's Organization (Copy #1) <input type="checkbox"/> Student Volunteer Work Location (Copy #2) <input type="checkbox"/> HR/Safe Environment Program Office (Copy #3) <input type="checkbox"/> Other (Specify) _____ (Copy #4)
COPY NUMBER: #1 <input type="checkbox"/> #2D #3D #4D of 4 COPIES