

Catholic Charities (CC)

## Youth Volunteer/Community Service Parental Consent Form

In order for your child to become a volunteer/community service individual with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like Catholic Charities to continue the process of considering your child as a volunteer/community service individual.

NOTE: This Parental Consent Form must be filled out for all volunteers/community service individuals under the age of 18.

Name of youth: \_\_\_\_\_

Program Site of Service: \_\_\_\_\_

I understand that my child (named above) wishes to be considered for volunteer/community service work and I hereby give my permission for him/her to serve in that capacity. I understand that he/she will be provided with specification of their roles and responsibilities and that he/she will be expected to meet all the requirements of the position. I understand that he/she will not receive monetary compensation for the services contributed.

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

Nature of relationship to volunteer/community service individual: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_