

## PARENT/GUARDIAN AUTHORIZATION

Complete the following form. Please print.

Organization: \_\_\_\_\_

Youth Volunteer: \_\_\_\_\_ DOB: \_\_\_\_\_

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

\_\_\_\_\_

I understand (Volunteer's name) \_\_\_\_\_ will be participating in volunteer activities at St. Vincent de Paul Villages, Inc..

I give the Agency permission to take and use photographs of this minor for Village use. (Initial:\_\_\_\_)

**I understand that an adult older than eighteen years of age must escort all youths under the age of fifteen.** All volunteers must arrange transportation to and from St. Vincent de Paul Villages, Inc.

I hereby waive any right or cause of action as a result of this youth's participation in the St. Vincent de Paul Villages, Inc. Volunteer Program, or the employees, directors, Vice Presidents or President collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to this youth or damage to his/her or our property sustained in connection with his/her activities for the St. Vincent de Paul Villages, Inc. Volunteer Program.

In case of emergency, I can be reached at:

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_

(Parent/Guardian)

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

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)

It is your responsibility to keep the information on this form current.