

Parental Consent Form for Youth Volunteers

St. Coletta of Wisconsin, Jefferson, WI 53549

Form for Policy
510. Volunteers

Mission Statement of St. Coletta of Wisconsin

Inspired by the Franciscan Values of compassion, dignity, and respect, we support people with developmental and other challenges in achieving their highest quality of life, personal growth, and spiritual awareness.

June 12, 2003

In order for your child/ward to become a volunteer at St. Coletta, we need your written consent and your involvement in helping him/her have a productive experience. Please read and sign this parental consent form. If you have any questions, would like further information, or would just like to discuss this with someone, please contact Donna Gruszynski, Volunteer Coordinator, at 920/674-8209.

Name of Youth Volunteer: _____

1. **Description of anticipated volunteer work:** _____

2. **Anticipated number of hours per week the youth will be volunteering:** _____

3. **Expected duration of volunteer work:** _____

I understand that my child (Ward) named above wishes to be considered for volunteer work at St. Coletta of Wisconsin. I hereby give my permission for him/her to serve in that capacity, if accepted by St. Coletta. I understand that he/she will be provided with orientation and training necessary for a safe and responsible performance of his/her duties and that he/she will be expected to meet the requirements of the volunteer position, including regular attendance and adherence to agency policies and procedures. I give my child permission to accompany and assist the St. Coletta Staff with the clients on various trips throughout the year. I understand that he/she will not receive monetary compensation for services contributed.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date Signed:** _____

Relationship to Youth Volunteer: _____ Mother _____ Father _____ Legally Appointed Guardian
_____ Other (please explain): _____