De Mazenod Door Outreach
Parental Consent Form

This form is to be completed for any volunteer under the age of 18.

Name of Volunteer:_____ Year of Birth:_____

Volunteer Position: ◯ De Mazenod Door ◯ De Mazenod Farm

Parent or Guardian Name:_____

- ✓ I give permission for my son/daughter to participate in the above volunteer position(s).
- ✓ I understand that he or she is expected to comply with the Volunteer Guidelines and the activities and the responsibilities of the position description.
- ✓ Further, I agree to communicate any significant health problems to the Ministry
- ✓ leaders. It may also be given to health care professionals in case of an emergency.

Health Problems and Allergies: _____

Medication or Treatment: _____

Health Card/OHIP Number: _____ Expiry Date:_____

Physician Name: _____ Telephone Number: _____

Address: _____
(*Street*) *(City)* *(Postal Code)*

Telephone (Primary): _____ E-mail Address: _____

Relationship to Volunteer: _____

***** Please provide an additional Emergency contact name**:

Name: _____

Address: _____
(*Street*) *(City)* *(Postal Code)*

Telephone (Residence): _____ E-mail Address: _____

Relationship to Volunteer: _____



Parent or Guardian Signature: _____

Information provided will be used for De Mazenod Door volunteer purposes only.

Please email completed form to volunteer@demaznod-door.ca or drop off in person at St. Patrick Church c/o Patrick MacCarthy