

## YOUNG PERSON VOLUNTEER AUTHORIZATION

My child, \_\_\_\_\_, who is age 14 through 17, has requested to perform service as a volunteer for the Diocese of Fort Wayne-South Bend ("Diocese"). I understand that the volunteer service may include work with children and other young persons. I also understand that my child will need to receive training in order to qualify to perform the volunteer service that is requested or assigned. I authorize my child to receive any necessary training, including viewing the diocesan *Safe Environment Training* video and reviewing the diocesan *Personal Conduct and Policies Manual*, and to perform volunteer service for the Diocese. I certify that I am not aware of any problem with or past conduct on the part of my child which indicates, to any degree, that my child may pose a risk of harm to himself/herself or to others with whom my child may interact as a volunteer for the Diocese. I understand that the Diocese retains the right, in its sole discretion, to determine whether my child may perform volunteer service for the Diocese.

PARENT

CHILD

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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

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

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name and Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Reviewed and Screened by: \_\_\_\_\_ Date: \_\_\_\_\_

Determination: \_\_\_\_\_