

## 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 may 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 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 of 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: \_\_\_\_\_