



DIOCESE OF FORT WORTH

PARENT RELEASE AUTHORIZING PERMISSION FOR PRE-TEEN TO VOLUNTEER

Name of Pre-Teen _____ Birth date _____ Age _____ Grade _____

Address _____ City _____ Zip code _____

Home phone number _____

Name of Parent or Guardian _____ email _____

Work Phone Number _____ Cell phone _____

Please list two names and phone numbers as emergency contacts:

1) _____
(Name) (Phone Number)

2) _____
(Name) (Phone Number)

I _____ hereby give my son/daughter permission to partake in these ministries as volunteer and have trained him/her on the boundaries violation materials given to me by the supervisor/director of the ministry in which he/she will serve.

Parent or Guardian Signature

Date