



## 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