



St. George Youth Ministry

Janelle Krzmarzick, Director of Youth Ministry
(708) 532-8234, jkrzmarzick@stgeorge60477.org
Fran Fancsali, Coordinator of Day Break Ministry
(708) 429-4040, ffatpts@ameritech.net

PROGRAM: Catholic Charities Day Break Soup Kitchen, Joliet, IL

DATE: _____ (See parish website, St. George Life Teen on facebook, or contact Janelle or Fran for future dates)

TIME: 4 pm until 9 pm

TRANSPORTATION: Adult Chaperones (Meet near the entrance to the Cahill Center)

Thank you for volunteering to serve at Day Break Shelter on the above date. The people of Day Break Shelter appreciate your service. They are depending on you. If you find you are unable to keep this commitment, please call Fran Fancsali at (708) 429-4040 or email at ffatpts@ameritech.net as soon as possible. We will prepare and serve the evening meal. We will meet at the entrance to the Cahill Center. Each participant brings an ingredient for the meal.

Please bring: _____

Call Fran at (708) 429-4040 if you plan to go & she will assign an item to bring.

Permission Form

I hereby request that my child, _____, be allowed to participate in above program, which is sponsored by St. George Youth Ministry. I understand that this is a program that is intended to draw the youth of St. George Parish together as a community to serve others. I hereby release and indemnify the parish of St. George, its staff and volunteers, and the Catholic Bishops of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

Parent/guardian Signature: _____

Date: _____

Phone number where an adult may be reached: _____

Authorization for Medical Treatment

In the event that the undersigned or my authorized physician cannot be reached and in the judgment of the adult supervisors there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical service deemed necessary.

Parent/Guardian's Signature

Date

Home Phone

Emergency Contact

Phone

Family Physician

Insurance Carrier

Plan Number

PROMOTIONAL RELEASE: I also consent to the use of any videotapes and/or photographs in which my son/daughter may appear by the Archdiocese of Chicago and/or St. George Church. I understand that these materials are being used for promotion of youth ministry programs and/or activities, which may include recruitment and fundraising efforts.

Youth Participant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____