

St. George Church 6707 175th Street Tinley Park, IL 60477
Event: DAYBREAK SHELTER DINNER PREPARATION

Fran Fancsali, Volunteer Coordinator
ffatpts@ameritech.net
708-828-1837



Proposed Service Date _____

Time: 3:30 -8:30 pm

Transportation: Adult Chaperones _____

Thank you for volunteering to serve at Daybreak Shelter on the date you have written. The people at Daybreak appreciate your service and we are all depending on you. If you cannot make the commitment for some reason, please contact Fran as soon as possible so we can find replacements and we do not wait around for you. ***You must register to come via email, text or phone call prior to the date. You must bring this signed and completed form with you on the day of the trip, or you will not be allowed to join us for legal reasons.***

Permission Form

I request that my child _____ be allowed to participate in the above program which is sponsored by St. George Parish. 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. In addition, in being permitted to volunteer at Catholic Charities, Diocese of Joliet, I hereby release and discharge Catholic Charities, Diocese of Joliet, and all its employees from personal injury, property loss or any liability incurred during volunteer activities for Catholic Charities, Diocese of Joliet.

I also grant my permission for Catholic Charities, Diocese of Joliet, and St. George Parish, Diocese of Chicago, to use my child's photo and name for the purpose of increasing awareness of programs and services offered by these two groups.

Parent/Guardian Signature _____ Date _____

Phone number I can be reached at _____

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that the undersigned, or my authorized physician cannot be reached and in the judgement 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 take for my child such medical service deemed necessary.

Parent/Guardian Signature _____ Date _____

Emergency Contact _____ Phone Number _____

Family Physician _____ Insurance Carrier _____ Plan Number _____