ST. VINCENT DE PAUL
ASSISTANCE • SHELTER • HOPE

Project/Location:	
Date:	

STUDENT PERMISSION FORM

~~Please return to the attention of "Manager of Volunteers" to St. Vincent de Paul Administrative Office 124 W. Apple St., Dayton OH 45402. The form may also be emailed to volunteerinfo@stvincentdayton.org or faxed to 937-222-7944.~~

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Name:	**Date:**
Address:	**E-mail:**
City: **State:**	**Primary Phone:** ☐Home ☐Cell
Zip Code:	**Gender:** ☐ **Female** ☐ **Male**
Date of Birth: month day year	**School:** **Grade:**
Parent Name:	**Primary Phone:** ☐Home ☐Cell ☐Work/Business

EMERGENCY CONTACT (OTHER THAN PARENT)

Emergency Contact Name:	
Phone Number:	
Relationship:	

PARENT PERMISSION

I give my permission for _____ to volunteer for the Society of St. Vincent de Paul.

I give my permission for my child to be photographed in relation to his/her volunteer position.

☐ Agree ☐ Decline

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

Take This Form With You. To The Pantry Next To Emmanuel Church