



**STUDENT VOLUNTEER PROGRAM  
PARENTAL ACKNOWLEDGEMENT/PERMISSION FORM**

*(Along with the volunteer application, this form is required for all high school students ages 16 and 17. Students under age 16 are not allowed to volunteer unless accompanied by a parent, guardian or supervisor who has filled out the required volunteer application.)*

I give permission for \_\_\_\_\_ to work as a volunteer for Catholic Charities Spokane.

Program \_\_\_\_\_ Date \_\_\_\_\_

I am aware that he/she will be working as a volunteer at this program. I understand that he/she is registered as a volunteer covered by supplemental insurance and will be provided a short orientation prior to beginning volunteer work. To the best of my knowledge, he/she has not been convicted of any crimes against persons or property.

I, my personal representatives, heirs and assigns do hereby agree to protect, defend, hold harmless and fully indemnify Catholic Charities Spokane, its programs, agents, officers, employees, insurers, and assigns, for any claim or cause of action arising out of strict liability or ordinary negligence in any way connected with my child's volunteer activity which causes my child physical harm or property damage. I further agree to release, hold harmless and indemnify Catholic Charities Spokane, its programs, agents, officers, employees, insurers, and assigns, from any claim, judgment or expenses which may be incurred by my child's participation in said activity.

\_\_\_\_\_  
Signature of Student Volunteer

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

PLEASE SEND COMPLETED FORM TO:

ATTENTION: Kassi Kain, Volunteer Services Manager

BY MAIL to: Catholic Charities, PO Box 2253, Spokane WA 99210-2253

BY EMAIL to: [volunteer@ccspokane.org](mailto:volunteer@ccspokane.org)