Saint Susanna Middle & High School Youth Ministry

THE LORD’S PANTRY SERVICE OPPORTUNITY

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write in date)**

**8:00 a.m.-1:00 p.m. (approx.)**

 **This form MUST BE signed, completed, and turned to volunteer.**

**Please e-mail** **ebedel@saintsusanna.com** **if you plan to attend ahead of time so we can arrange rides etc.- THANK YOU!**

Students will be transported by Safe&Sacred-trained/bkgd checked volunteer parents to The Lord’s Pantry at 303 N. Elder Ave, Indianapolis, IN 46222.

We will leave the church parking lot at 8:00 a.m. and return by approx. 1:00 p.m.

\*Dress for this service activity is casual. **PACK A LUNCH to eat on the way back to church!**

**Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies and/or medical condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION:**

**1. Name: Phone #: Cell Phone #:**

**2. Name: Phone #: Cell Phone #:**

**PARTICIPATION CONSENT:**

I grant **permission for my child to participate** in the The Lord’s Pantry Service Opportunity. I will not hold the Archdiocese of Indianapolis or Saint Susanna Catholic Church responsible in the event of any injury or accident to my son or daughter while participating in this service project, and/or traveling to and from the city of Indianapolis. I warrant that, to the best of my knowledge, my child is in good health and able to participate in this activity. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

**In case of medical emergency**, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the Youth Minister to seek treatment for my son/daughter. I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

Parent/GuardianSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Turn in form to Faith Formation Office for Ellice Bedel or bring the form with you.**

***You must have this form completed and signed to attend this service opportunity!***

E-mail with any questions or concerns: ebedel@saintsusanna.com