



St. Joseph
Social Service Center

CONNECTING COMMUNITIES ♥ NOURISHING EACH OTHER

118 Division Street, Elizabeth, NJ 07201, (908) 354-5456, www.sjeliz.org

Parental Consent Form

I give permission for my child _____ to volunteer at St. Joseph Social Service Center, Elizabeth, NJ on _____. My child understands that volunteerism at St. Joseph Social Service Center may involve lifting and/or handling food products. My child is expected to follow safety rules and all other rules related to St. Joseph Social Service Center including no open-toed shoes, and gloves that will be provided. I hereby accept and assume full responsibility for any injury he/she might suffer while volunteering. By signing below, I grant St. Joseph Social Service Center permission to use images of my son/daughter for the purpose of illustration and promoting its mission through any medium.

To attend this event please fill in the form below and hand it to your leader at the beginning of the event. Without a permission slip you cannot attend.

Name of child: _____

Emergency Contact Name: _____

Contact Telephone: _____

Any Allergies/Disabilities? _____

Allergies: _____

I give my child permission to attend.

Parent Name: _____

Parent Signature: _____

"Share your bread with the hungry and shelter the homeless poor" - (Isaiah 58)