

St. Brendan's Episcopal Church
2365 McAleer Road
Sewickley, PA 15143
Parental Consent for Conversation Friends ESL Volunteers

I (we) _____, parent(s)/guardian(s) of _____,
(please print name(s) of parent or guardian) (please print name of minor child)

grant permission for my (our) child to attend and participate in any and all sessions of Conversation Friends ESL, a ministry of St. Brendan's Episcopal Church. I (we) understand that the sessions are currently held on Tuesdays and Thursdays from 10:00 a.m. until 12:00 p.m. and on Wednesdays from 7:00 p.m. until 8:30 p.m. I (we) also understand that sessions are generally held at the church at 2365 McAleer Road, (Franklin Park) Sewickley, but may, on occasion, be held at another location.

My (our) child will be offered the opportunity to assist in this ministry in the same way that other volunteers from the church assist the students enrolled in the program: by providing opportunities for the students to practice English speaking skills in a small-group setting through conversation and discussion of topics relevant to the students (current events; history; geography; religion; culture; grammar and pronunciation skills; skills related to daily living, etc.). My (our) child will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and he/she will be expected to adhere to church policies and procedures. I (we) will support and facilitate my (our) child by honoring his/her volunteer commitments. I (we) understand that Conversation Friends ESL is a ministry conducted by volunteers and there is no monetary compensation for participation in the ministry.

I (we) release and agree to indemnify and hold harmless St. Brendan's Episcopal Church from any and all liabilities related to or arising from my (our) child's service as a volunteer, even if arising from the church's negligence, to the fullest extent permitted by law. I also agree that I (we) will assume all costs and expenses (including medical care costs) associated with any injury related to or arising from my (our) child's service as a volunteer.

In case of injury, I (we) give permission for our child to be treated. I (we) understand that all efforts will be made to contact me (us) before treatment occurs, and that it will only proceed without my (our) verbal consent in the case of extreme emergency.

I (we) know of no physical, mental, or medical conditions which would prevent my (our) child from participation in this ministry. Food or environmental allergies include _____.

I (we) take full responsibility for transportation for my (our) child and will deliver my (our) child to the sessions and meet my (our) child after the sessions at the designated time and location unless a time or location change is stipulated by the church's ministry group, Conversation Friends ESL.

I (we) give permission for my (our) child to be photographed and/or videotaped in the capacity of a volunteer and for images or recordings to be published, reproduced or distributed by St. Brendan's Episcopal Church in print, television, radio and/or on the Internet.

This parental consent form shall remain effective for the period of time my (our) child is a volunteer at St. Brendan's Episcopal Church. I (we) have read, understand, and accept these terms.

Parent(s)/Guardian(s) name printed: _____

Signature(s) _____ Date _____

In the event of an emergency, I (we) can be reached at:

(parent/guardian name and relationship to minor)

(cell phone number)

(other number)

(parent/guardian name and relationship to minor)

(cell phone number)

(other number)