



Friday Night Supper Program

351 Boylston Street, Boston, Massachusetts 02116

(617) 536-7050 x22 • Fax (617) 536-7051

www.fridaynightsupper.org

info@fridaynightsupper.org

PARENT/GUARDIAN PERMISSION FORM

I verify that, _____; (print youth's name) has my permission to volunteer with the Friday Night Supper Program on Friday, _____. I understand that during the evening he/she will be helping to prepare, serve, and clean up after a meal that is being provided at the Arlington Street Church in Boston, MA to those that are hungry. He/She will also be invited to eat the meal with the other volunteers prior to serving.

I understand that although there is no "typical" guest to the FNSP, guests come from various backgrounds including:

- Elderly
- Disabled
- Homeless or living in a shelter
- Jobless or minimally employed
- Living below the poverty level
- Single mother or abused women
- Coping with AIDS, mental illness or substance abuse
- Youth living on the streets

Please check the appropriate box:

I understand that if my child is less than 12 years, I must assist and remain with him/her while he/she is helping with tasks in our kitchen. My child will not be allowed to interact with the guests, and will be allowed to volunteer from 12:00pm to 5:00pm only.

I understand that if my child is age 12-15 years, I must assist and remain with him/her while he/she is helping with tasks both in our kitchen and dining hall. My child will be allowed to interact with the guests while in my company.

I understand that if my child is age 16-18 years, a chaperon known to my child will be available to assist and monitor him/her while he/she is helping with tasks both in our kitchen and dining hall. My child will be allowed to interact with the guests.

I understand that tasks my child may be asked to help with include, but are not limited to:

- Cooking
- Serving coffee, juice or soup
- Serving the main meal or dessert
- Washing and drying dishes
- Sweeping and mopping floors
- Putting away tables and chairs
- Taking out trash

Name: _____ Contact number: _____

Relationship to participant: _____

Parent or guardian's signature: _____ Date: _____