



Arlington Street Church/Dignity Boston

Friday Night Supper Program

351 Boylston Street, Boston, Massachusetts 02116
(617) 536-7050 x22 • Fax (617) 536-7051

For Office Use Only
Received by _____
FNS: _____

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 for the hungry at the Arlington Street Church in Boston, MA. He/she will also be invited to eat the meal with the other volunteers prior to serving.

I understand that tasks that he/she 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
- Handing out clothing and toiletries
- Taking out trash
- Interacting with guests

I also 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
- Formerly incarcerated
- Youth living on the streets

During the activity, I can be reached at telephone number: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____

Telephone number: _____

Relationship to participant: _____

Parent or guardian's signature _____ Date: _____

You can find more information on the Friday Night Supper Program at www.fridaynightsupper.org