

**TEEN VOLUNTEER PROGRAM
JENNIE EDMUNDSON HOSPITAL**

PARENT CONSENT FORM

My child _____ has my consent to join the Teen Volunteer Program of Jennie Edmundson Hospital.

As a Teen Volunteer my child will be expected to:

- Volunteer once per week on their designated shift unless they call in to 396-7733.
- Not have more than 5 unexcused (not calling in) absences from their shift per year
- Remain at the hospital their entire two hour shift
- Wear the proper uniform (khaki pants, no cargos or jeans, white t-shirt, navy polo, and closed toe/heel shoes)
- Be respectful of other volunteers, patients, and employees
- Follow hospital and volunteer codes/procedures
- Leave cell phone in designated area, not to be carried or used during shift.

Is your child's method of transportation to and from the Hospital assured? YES ()
NO ()

Please specify any health limitations your child has: _____

I attest to the fact that my child is 14 years of age or older.

Signature: _____ Date: _____

Address: _____ Home Phone: _____
