



Northside Hospital

Northside Hospital Teen Volunteer Program Permission Form

Parents/Guardians – Please read and sign and have teen bring to their interview with the volunteer coordinator.

The information in the volunteer application supplied by my child is correct.

I, _____ hereby grant permission for my child, _____

Parent/Guardian's Name (print)

Volunteer's Name (print)

to participate as a volunteer in the Northside Hospital Teen Volunteer Program. I understand that my child's services are donated to the Hospital without contemplation of compensation or future employment, and that those services are given for humanitarian or charitable reasons. If my child is selected to participate in the Northside Hospital Teen Volunteer Program, I release Northside Hospital Teen Volunteer Program, its employees, officers and adult volunteers from any claims of liability that I or my child may have for any damages, injury, or illness resulting to my child while participating in Northside Hospital Teen Volunteer Program activities.

I will ensure my child's transportation to and from the hospital. I understand that my child cannot arrive at the hospital more than 30 minutes prior to his/her assigned volunteer shift(s) and must be picked up promptly at the end of the volunteer shift. I also understand that Northside Hospital Teen Volunteer Program participants are not allowed to leave the Hospital campus for lunch or any other reason not expressly approved by the staff.

It is also understood that should my child need volunteer hours to fulfill a commitment for school, work or community service, a letter will be written by the Volunteer Services Coordinator and/or service hours will be verified by the Volunteer Services staff only after a minimum of 40 volunteer hours (including training hours) have been completed at Northside Hospital Teen Volunteer Program.

I acknowledge that the Hospital reserves the right to dismiss my daughter/son's services as a volunteer if the action is in the interests of the Hospital. Reasons for dismissal may include but are not limited to failure to comply with hospital rules and regulations, or inappropriate personal conduct, attitude, or appearance.

Signature of Parent or Legal Guardian

Date

Teen Volunteer Signature

Date

Signature of Volunteer Supervisor

Date

**In addition, I give the following additional permissions:
(Please X as appropriate)**

- Permission for his/her photographs to be taken and possibly published in a Northside Hospital publication.
- Permission for him/her to accept a volunteer placement in an outlying hospital building on campus (i.e. Medical Office Building). This may require him/her to walk a short distance from the main hospital building.



Northside Hospital Teen Volunteer Program

Parental Approval Form

Date: _____

I hereby give my permission for my son/daughter _____
Print Name

To become a member of the Northside Hospital Volunteer Program, I understand that my child is required to:

- Attend an orientation
- Have tuberculin skin test and annual flu shot, both of which can be administered by the NSH Employee Health/Company Care Department at no charge.
- Complete a work schedule. Volunteer hours rules are as follows:
 - **Age 15:** during the school year, cannot volunteer before 7am or after 7pm, cannot volunteer more than three hours per day for a maximum of 15 hours a week, and not more than six consecutive days. Summer and school vacation hours limits and maximums are extended.
 - **Age 16–17:** during the school year, cannot volunteer before 6:30am or after 11pm, cannot volunteer more than eight hours per day for a maximum of 30 hours per week, and not for more than six consecutive days. Summer and school vacation hours limits and maximums are extended.
- Wear the proper uniform supplied by NSH at no cost before serving as a teen volunteer.

I also understand that Northside Hospital is not responsible for teen volunteers leaving the hospital property without authorization.

I agree that Northside Hospital will not be responsible for my child's belongings and that in the event of an emergency; the hospital will make every effort to contact the emergency contact person stated below. I am to assume responsibility for him/her.

Parent/Guardian Signature

Print Name

Work #

Home or Cell #

Print Emergency Contact

Contact's Phone #