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High School Volunteer Program

PARENTAL CONSENT FORM

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my consent to apply to volunteer at the Roswell Park Comprehensive Cancer Center.

A high school volunteer is expected to:

* Consistently show up on time to volunteer for the assigned shift, or contact the volunteer office at 845-5708 with the reason for not being able to attend.
* Remain on the hospital premises throughout the 4 hour shift.
* Wear the correct attire at all times – khaki pants o shorts, not cargos or jeans; an official Roswell Park shirt; only closed toe/heel shoes, not sandals or flip-flops.
* Be respectful of patients and their families, hospital staff, and other volunteers.
* Always follow hospital and volunteer rules and procedures, particularly those that pertain to HIPAA.

 Leave cell phone in designated area, not to be carried or used during shift.

I attest to the fact that my child is 15 years of age or older or will be on the date that their volunteer service is set to begin.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_