

2023 Summer Student Volunteer Program

PARENTAL CONSENT FORM

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my consent to apply to and participate in the Summer Student Volunteer Program.

I understand that a high school volunteer is expected to:

* Consistently be on time to volunteer for the assigned shift or contact the Volunteer Services office at 716-845-5708 with the reason for not being able to attend. (Only allowed one absence throughout the program.)
* Remain on the hospital premises throughout the 4-hour shift.
* Always wear the correct attire – khaki pants/shorts or capris, the provided Roswell Park volunteer shirt; and closed toe/heel shoes.
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_