

2025 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 their 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 8-week program.)
* **Remain on the hospital premises** throughout the 4-hour shift.
* **Always wear the correct attire** – tan or black pants/dress shorts or capris, the provided Roswell Park volunteer shirt, and closed toe shoes. (no leggings, joggers, sandals/ flip flops or slides)
* **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 on silent, not to use while volunteering.**

I attest to the fact that my child is 15 years of age or older or will be by Monday, July 7, 2025.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Preferred Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_