



**High school Volunteer Program
PARENT CONSENT FORM**

My child _____ has my consent to apply to
Volunteer at Roswell Park Cancer Institute

As a Teen Volunteer my child will be expected to:

- Show up to volunteer on their designated shifts, unless they call in to 845-5708.
- Remain at the hospital their entire four hour shift
- Wear the proper uniform (khaki pants, no cargos or jeans, Assigned shirt, 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.

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 start

Signature: _____ Date: _____
Address: _____ Home Phone: _____