



High School Volunteer Program
PARENTAL CONSENT FORM

My child, _____ has my consent to apply to volunteer at Roswell Park Cancer Institute.

A high school volunteer is expected to:

- Consistently show up on time to volunteer for the assigned shift, or contact the volunteer office at 716-845-5708 with the reason for not being able to attend.
- Remain on the hospital premises throughout the four-hour shift.
- Wear the correct attire at all times – khaki pants or 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: _____