

PARENTAL PERMISSION FORM FOR VOLUNTEEN PROGRAM

Volunteer Services

Date _____

I hereby give permission for my daughter/son _____ to participate in the Volunteen Program at Bellin Hospital. I certify that my daughter/son is _____ years of age and that his/her birth date is _____.

I also authorize any health screening that is required by this hospital for participation in the Volunteen Program (including TB assessment, rubella immunity status check, or proof of immunization). I authorize administration of annual influenza immunization.

I understand that as a Volunteen my daughter/son is making a commitment not only to herself/himself, but to Bellin Hospital, its patients, and the community, and that she/he has an obligation to carry out the responsibilities she/he undertakes.

I understand that I will be responsible for her/his transportation to and from the hospital.

I understand that this is a volunteer position and that a uniform is required for participation.

Signature of Parent

Address

Telephone Number