

## Teen Volunteer Parent Consent Form

### For Parent/Guardian of Prospective Volunteer

Your child has applied to volunteer for Penn Medicine Princeton Health. Please carefully review and sign the form below in order to for your child's application to be complete:

Name of Prospective Volunteer: \_\_\_\_\_

- I understand that my child (named above) wishes to be considered for a volunteer placement and I hereby give permission for my child to serve in that capacity, if accepted by PMPH Volunteer Services.
- I understand that my child must be **at least 15 years of age** and has **completed Freshman year** to volunteer.
- I understand that my child will not receive monetary compensation for the services contributed nor promise of employment.
- I understand that my child is required to complete a medical clearance at my own expense -- tuberculosis (TB) screening, flu shot, and COVID vaccine.
- I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of assigned duties. My child will be expected to meet all the requirements of the position, including regular attendance and adherence to the hospital policies and procedures.
- I understand students are expected to commit to serving a consistent schedule -- 1 day a week for a 3-hour shift -- for the entire session (Fall, Spring, Summer) for which they wish to volunteer. No more than 3 absences permitted for Fall or Spring and 2 absences for Summer.
- I understand my child is expected to commit to serving a minimum of 2 sessions while in high school. Reference letters will not be provided for service less than 2 complete sessions. Placements are based on organizational needs and the qualifications, skills, background, and availability of the individual volunteer; placement is not guaranteed. Assignments for teen volunteers consist primarily of clerical, administrative, supportive, and logistical tasks.
- I authorize the release of information requested to complete reference forms to PMPH.
- I release from all liability and responsibility all persons and entities, requesting or supplying information about any information provided on my child's application, including my present employer, if contact is authorized.
- I hereby authorize and permit PMPH to take, obtain, and make use of photography and publicity of my child, as it relates to their volunteer service. I understand that such photography, interviews, and information may be used for inclusion in media reports and in PMPH publicity materials and publications. I understand that this will be done without compensation to me or my child.

Relationship to Volunteer: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_