

St David's | MEDICAL CENTER

Teen Volunteer Agreement

As a volunteer at St. David's Medical Center, I understand I must meet certain requirements and complete the training offered to me by the Volunteer Services Department. These requirements include but are not limited to the following:

- ∂ I understand that I must participate in an interview that will occur on Saturday, April 26, 2025, and that there is **no** make-up day available.
- ∂ I understand that I must attend mandatory orientation and training on Saturday, May 31st, 2025 from 8:00am – 4:30pm and that there is **no** make-up day available.
- ∂ I understand that I must be available the entire length of the summer program (June 2 – August 1).
- ∂ I understand that as a first time volunteer I will be required to work in a priority service area.
- ∂ I understand that I must comply with the student volunteer attendance policy and not miss more than **two** regularly scheduled shifts during the summer program.
- ∂ I understand I will commit to a minimum of two four-hour shifts each week.
- ∂ I understand that if I must miss my regularly scheduled shift for any reason, it is my responsibility to inform both the VSO and my service area supervisor as soon as possible.
- ∂ I understand that three no call no shows will result in immediate dismissal from the program
- ∂ I understand that I must maintain annual education requirements to comply with St. David's Medical Center policies and procedures.
- ∂ Letters of recommendation or other forms of reference/referral will not be provided unless the above mentioned commitments are met.
- ∂ I understand that the consequences for not keeping these agreements may include, but are not limited to the following:
 - I will not be able to continue as a 2025 summer volunteer.
 - In the future, I will not be able to return as a volunteer at St. David's Medical Center.

I have read and understand the aforementioned agreement.

Print Teen Name: _____

Teen Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent Signature: _____ Date: _____