



### Parental Permission to Volunteer

I hereby agree to allow my son/daughter \_\_\_\_\_ to serve as a Teen Volunteer with Ascension Sacred Heart. I release Ascension Sacred Heart from any responsibility or liability for any unforeseen results or causes that may arise as a result of my teenager's service. Further I hereby agree to hold harmless Ascension Sacred Heart and the staff and agree to indemnify and defend Ascension Sacred Heart, the Auxiliary, its officers, directors, employees and representatives from any and all liabilities and claims resulting solely from or attributable to acts or omissions of my son/daughter in the performance of these services.

1. It is mutually understood and agreed that your son/daughter is not an employee of Ascension Sacred Heart. The sole interest and responsibility of Ascension Sacred Heart is to ensure that the services provided by your son/daughter shall be consistent with the standards of care provided by Ascension Sacred Heart and are consistent with the policies and procedures of Ascension Sacred Heart and that your son/daughter performs and renders service in a competent, efficient and satisfactory provision of medical care at Ascension Sacred Heart. \_\_\_\_\_ **Parent's Initials**

2. At Ascension Sacred Heart sole discretion, Ascension Sacred Heart may provide written notice to you that your son/daughter's work with patients or personnel is not in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient services of Ascension Sacred Heart and, therefore, your son/daughter will be removed from Ascension Sacred Heart volunteer program. \_\_\_\_\_ **Parent's Initials**

3. Your son/daughter shall provide the following required documents to Ascension Sacred Heart or cooperate with Ascension Sacred Heart to obtain these documents prior to start or while volunteering:

- a. Application Form
- b. Health Screening, immunization/vaccination
- c. Agreement to comply with the Security and Privacy Policy

\_\_\_\_\_ **Parent's Initials**

4. I am responsible for the transportation of my teen to/from the hospital as well as the purchase of the required uniform. (Photo ID Badge will be provided by the Hospital.) \_\_\_\_\_ **Parent's Initials**

5. I understand that my teen must commit to a minimum of 4 hours per week and must attend a Teenage Volunteer Orientation before beginning volunteer service. I also understand that volunteer service assignments may only be made by the Volunteer Program Manager. My teen may only report for volunteer service as assigned. If your teen wishes to serve additional hours please consult with the Volunteer Program Manager. \_\_\_\_\_ **Parent's Initials**

6. In general, the Teenage Volunteer Program is only available during the summer months. However, teens may continue to volunteer during the school year if the assignment(s) is requested and approved by the Volunteer Program Manager following the teen's initial Volunteer service. \_\_\_\_\_ **Parent's Initials**

\_\_\_\_\_  
**Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Signature of Parent /Legal Guardian**

\_\_\_\_\_  
**Date**