



Empowered by ScionHealth

STUDENT VOLUNTEER PROGRAM

Parental Consent Form

Dear Parent or Guardian:

For your child to apply for a volunteer position with Andalusia Health's Volunteer Program, we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please call Cranita Pitts at 334-428-7010

Name of prospective volunteer: _____

- I understand that my child (named above) wishes to be a volunteer and I hereby give my permission for him/her to serve in that capacity
- I understand that my child must be at least **18 years of age** to volunteer.
- I understand that no monetary compensation will be given for the services contributed
- I understand that my child is required to receive, free of charge, a tuberculosis screening.
- I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to the Hospital and its departments' policies and procedures.
- I understand that my child will be provided emergency medical care if injured while he/she is on duty as a volunteer.
- I authorize the Department of Volunteer Services to publish or release to the media any pictures of my child during his/her volunteer service at Andalusia Health for promotional or recognition purposes only.
 Please check box if you **do not** consent to this statement. This box, if left unchecked, means that you do consent to any publications or media release.

Parent/Guardian's Name (please print):
Signature:
Nature of relationship to volunteer:
Date: