

## Parental Consent Form

In order for your teen to become a volunteer with Regions Hospital, we need your consent and your involvement in helping him/her to have a productive experience. Please read and sign this parental consent form in order for us to continue our process of considering your teen to be a volunteer.

I understand that my son or daughter, \_\_\_\_\_, wishes to be considered for the Volunteer Program at Regions Hospital and I hereby give my permission for him/her to serve in that capacity if accepted into the program.

I understand that:

- He/she will be provided with orientation and training necessary to assist in the performance of the volunteer duties.
- He/she will be expected to adhere to Regions Hospital policies and procedures including adherence to the volunteer dress code.
- He/she must regularly fulfill the attendance requirement outlined in the volunteer manual and that I will assume responsibility for his/her transportation to and from the hospital.

Parent/Guardian:

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Phone*

