



Mercy Volunteer Services

1235 East Cherokee
Springfield, MO 65804
Phone 417-820-2041

JUNIOR VOLUNTEER (UNDER 18) PARENTAL CONSENT FORM

In order for your child to become a volunteer with us, we need your consent and your involvement in helping them have a productive experience. Should you have any questions about the nature of our program, now or at any time in the future, please do not hesitate to call us at (417) 820-2041.

We ask that you assist your child by attempting to avoid other commitments on their assigned volunteer day. This would include doctor /dentist appointments and work schedules. Our program depends upon a specific number of students being available daily so we can honor our service commitments to other departments. Students are expected to be in uniform and closed-toed shoes.

I understand that my child, _____, wishes to be considered for volunteer work at Mercy Hospital and I give permission for him/her to serve in that capacity, if accepted. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties, and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to hospital policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

I will support my son/daughter in his/her commitment to the Junior Volunteer Program.

By signing this document, I am not only giving consent for testing, but also agreeing that my child and I are aware of the minimum 40-hour commitment and the mandatory orientation required to be a volunteer.

- Letters of recommendation will not be provided until the student serves a minimum of 40 volunteer hours.

Student Signature

Date

Parent Signature

Date

This form is to be completed by the student and their parent or guardian.