



**Bon Secours DePaul Medical Center  
2020 Student Volunteer Program  
Parent/Legal Guardian Permission Form**

*This form is to be completed and signed by a parent or legal guardian.*

Parent/Guardian Name (s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student Volunteer Name: \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to volunteer at Bon Secours DePaul Medical Center for the Student Volunteer Program.

Parents/Guardians please review and initial in the blank space for the expectations of you and your child.

\_\_\_\_\_ I will ensure his/her transportation to and from the hospital. I understand that he/she cannot arrive at the hospital more than 30 minutes prior to his/her assigned volunteer shift and must be picked up within 30 minutes at the conclusion of the volunteer shift.

\_\_\_\_\_ I understand that student volunteers are not allowed to leave the Bon Secours DePaul Medical Center campus during their daily assigned times unless the Manager of Volunteer Services is notified of this exception.

\_\_\_\_\_ I understand my child must schedule and attend an interview. I understand the interviews are group interviews and will begin at the specified time . I also understand that anyone late will have to reschedule.

\_\_\_\_\_ I understand all the required paperwork must be submitted at the interview. I understand if the required paperwork is not presented at the interview, the interview will be rescheduled for another available time.

\_\_\_\_\_ I have reviewed all the requirements posted online concerning the Student Volunteer Program and understand that failure to comply with the requirements, policies, rules and regulations, may result in my child's name being removed from consideration into the program and/or termination from the program.

\_\_\_\_\_ I have reviewed the dates of our preferred session and there are no other commitments that interfere any of these dates and agree my child is available for all nine days.

\_\_\_\_\_ I understand my child must complete the orientation prior to beginning the student volunteer program.

\_\_\_\_\_ I understand that my child must complete the TB skin test prior to beginning the student volunteer program.

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

\_\_\_\_\_  
Date