

BON SECOURS MARYVIEW MEDICAL CENTER

2023 Bon Secours Maryview Student Volunteer Program

Parent/Legal Guardian Permission Form

(This is to be completed and signed by a parent or legal guardian of those students under 18 years of age.)

I, _____
(Parent / legal guardian's name)
give permission for my child, _____
to volunteer at Bon Secours Maryview Medical Center.

Parents/Guardians of minors please review these expectations of you and your child.

- I verify my child has read all the required information and understands the commitment they are making to become a student volunteer.
- 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 of the end of the volunteer shift. Any deviation from this must be brought to the attention of and approved by the Director of Volunteers.
- I understand that student volunteers are not allowed to leave the Bon Secours Maryview Medical Center or Harbour View campus during their daily assigned times unless the Director of Volunteers 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 and anyone late will have to reschedule.
- I understand all the required paperwork must be submitted at least one week (7 days) before the interview. I understand if the required paperwork is not presented at least one week prior to the interview, the interview can be rescheduled if there are available openings. No exceptions.
- I have reviewed all the requirements posted online concerning the 2023 Student Volunteer program and understand failure to comply with the requirements, policies, rules and regulations may result in my child's name being removed from consideration into the program or termination from the program.
- I have reviewed the dates of our preferred session and there are no other commitments that interfere with any of these dates or time scheduled and agree my child is available to be present all the days of the session we chose.
- I understand my child must complete the orientation prior to beginning the student volunteer program and paperwork must be submitted on or before the designated due date.
- I understand that my child must complete the TB skin test prior to beginning the student volunteer program and paperwork must be submitted on or before the designated due date.
- I understand it is a requirement that my child must be fully vaccinated against COVID-19 and must show their COVID Vaccine Card as proof of having been vaccinated.

Signature of Parent or Legal Guardian

Student Volunteer Name: _____

Address: _____
