



## MINOR VOLUNTEER PARENTAL/GUARDIAN CONSENT & RELEASE FORM

\_\_\_\_\_ has my consent to serve as a Volunteer with St. Cloud Hospital. I authorize St. Cloud Hospital to perform a criminal background study for my son/daughter.

### As a Parent/Guardian of a Minor Volunteer I understand and am committed to:

- My son/daughter volunteering with my approval and support. I am aware volunteer activities may include contact with people who are ill, escorting patients and visitors and handling confidential information.
- Volunteering is my son/daughter's responsibility and should be taken very seriously. My son/daughter agrees to attend his/her agreed upon volunteer shift in the volunteer position that he/she is assigned.
- My son/daughter is expected to serve at least 50 hours within 12 months.
- My son/daughter following all rules and regulations established and maintaining regular attendance.
- Being courteous toward Volunteer Office and St. Cloud Hospital staff and respecting the procedures and policies.
- Coordination for transportation for my son/daughter to and from volunteering.
- Helping my child complete pre-placement requirements such as health screening.

### As a Volunteer I will:

- Be at least 14 years of age by the time I begin the Volunteer Program.
- Have a sincere desire to help others and provide service to CentraCare Health
- Be responsible for my volunteering and take it very seriously.
- Attend my agreed upon volunteer shift in the position I've been assigned.
- Follow all rules and regulations established and maintain regular attendance.
- Be responsible for my transportation to and from volunteering (along with my parent/guardian).
- Communicate with the Volunteer Office about schedule conflicts and absences.
- For the purpose of professionalism in public areas of the hospital and safety of patients, not use a cell phone, laptop, iPod or other electronic prohibited device. The use of such devices and the consumption of food are permitted in the dining areas during break time.
- Refrain from excessive socializing on the premises.
- Serve a minimum of 50 hours within 12 months. I understand I am not eligible for recommendations or signatures regarding volunteer hours until I fulfill this commitment and I am in good standing with the Volunteer Program.
- Request any school assignments or projects involving volunteer hours be approved in advance.
- Be courteous at all times toward Volunteer Office and St. Cloud Hospital staff and respect procedures and policies.
- Complete an interview, a criminal background study, and other pre-placement requirements.

As the parent/guardian of \_\_\_\_\_, I understand the above information and agree to support my son/daughter with the above requirements.

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Parent/Guardian Signature

Date

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Volunteer Signature

Date