VOLUNTEER SERVICES
PARENTAL CONSENT FORM
(*For Volunteers 14-17 years old*)

In order for your child to become a volunteer at the Connecticut Children's Medical Center, we need your consent. Your involvement will enable your child to enjoy a meaningful volunteer experience. Please read and sign this Parental Consent Form if you would like Connecticut Children's to continue the process of considering your child as a volunteer.

To Be Completed by Parent or Legal Guardian

(Please Print)

Name of Child: _____ Date of Birth: _____

_____ (Initials) I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for my child to serve in that capacity if accepted by Connecticut Children's.

_____ (Initials) I am aware that regular attendance and adherence to the Connecticut Children's policies and procedures will be required of my child.

_____ (Initials) I understand that it is my child's responsibility to attend a Mandatory volunteer orientation and participate in any required training prior to beginning any service.

_____ (Initials) I understand that Connecticut Children's has a dress code policy that my child will be required to follow. Volunteers in violation of the dress code will be sent home.

_____ (Initials) I understand the Connecticut Children's Volunteer Services staff will determine, in its sole discretion, whether a particular assignment is appropriate for my child. My child may be reassigned to a different department or a new assignment at any time.

_____ (Initials) I understand that no monetary compensation for the services performed will be received.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS

_____ Print Name

_____ Relationship to Volunteer

_____ Signature

_____ Date