



YOUTH VOLUNTEER SERVICE POLICY

Eligibility:

Youth volunteers must be at least 14 years of age, and agree to complete a minimum of **50** hours of volunteer service to the Connecticut Children's Medical Center.

Summer Program only participants must agree to complete a minimum of **6 weeks** of volunteer service,

Application Process:

Applicants will apply through the Volunteer Services Department by submitting a completed Volunteer Services application packet. A complete packet contains the following documentation:

- Volunteer Application
- Volunteer Agreement
- Pledge of Confidentiality
- Immunization Documentation
- Parental Consent
- Youth Volunteer Service Agreement

All applicants must attend a Volunteer Orientation and meet all health requirements prior to placement.

Commitment:

Youth volunteers are expected to take seriously the commitment being made to the Connecticut Children's Medical Center. A Youth Volunteer Service Agreement will be signed by the applicant, parent or guardian and a representative of the agency requiring the volunteer service, if applicable. It is expected that attendance will be regular. Two unexcused absences will result in your duties being assigned to another volunteer.

Verification of Community Service:

The Volunteer Services Department will provide verification of hours to the agency requiring the volunteer service. Reference letters, however, will only be provided if deemed appropriate by the Coordinator of Volunteer Services *and* the volunteer has completed the agreed upon hours of volunteer service.



YOUTH VOLUNTEER SERVICE AGREEMENT

PLEASE PRINT

Name: _____

I am applying for the Summer Program only. Yes No

I understand that I am committed to complete 6 weeks of volunteer service at Connecticut Children's Medical Center. I will be faithful in my attendance and responsible in carrying-out my assigned duties.

Applicant Signature

Date

Parent/Guardian Signature

Date

Are volunteer service hours being completed for school, church or any other organization? Yes No

If "Yes," fill in next four lines.

Agency Name: _____

Agency Address: _____

Contact Person/Advisor: _____

Hours Required: _____

Date by which hours must be completed: _____

I understand that I am committed to complete the contracted hours (50 hours minimum) of volunteer service at Connecticut Children's Medical Center. I will be faithful in my attendance and responsible in carrying-out my assigned duties.

Applicant Signature

Date

Parent/Guardian Signature

Date

I am in agreement that the above named application may perform volunteer service at the Connecticut Children's Medical Center.

Agency Representative/Advisor Signature

Date

PLEASE NOTE: Certification of volunteer service hours will only be provided upon completion of the contracted hours.