



**VOLUNTEER SERVICES
PARENTAL CONSENT FORM**
(For Volunteers 15-17 years old)

In order for your child to become a volunteer at the Connecticut Children's, 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 complete 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