

Chesapeake Regional Healthcare

2020 Student Volunteer Program

Permission Form

This is to be completed and signed by the parent, OR legal guardian, & Student.

I, _____ (parent/guardian's name) give permission for my child, _____ to volunteer at Chesapeake Regional Healthcare. 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(s) and must be picked up promptly at the end of the volunteer shift. I also understand that student volunteers are not allowed to leave the CRH campus for lunch or any other reason.

Signature of Parent or Legal Guardian

Student Volunteer Signature

Date

In addition, I give the following additional permissions:
(Please X as appropriate)

_____ Permission for his/her photograph to be taken and possibly published in a CRH publication.

_____ Permission for student to accept a volunteer placement at an off-campus location. This may require students to walk a short distance to a CRH affiliated business, separate from the main hospital building.