

CONSENT FORM FOR YOUTH VOLUNTEER PROGRAM

TO: Parent(s) or Guardian of _____

FROM: Volunteer Services Department , Magee Rehabilitation

Volunteers must be at least 14 years of age to volunteer at Magee. In order for your child to become a volunteer at Magee Rehabilitation, we must receive your written consent. Please read and sign the attached form, and, if you have questions, or concerns, feel free to call me at 215 587-3140.

We appreciate your child's interest in volunteering to assist our patients and staff. Thank you.

I give my permission for _____ to volunteer at Magee Rehabilitation

I understand that s/he:

- will receive orientation prior to beginning volunteer service at Magee.
- will work out a weekly schedule with the Volunteer Services Department.
- will be expected to comply with all guidelines which apply to Magee volunteers and to honor his/her volunteer commitment.

I also understand that, should s/he fail to comply with the guidelines or fail to keep his/her commitment without giving adequate advance notice, s/he will be on probation and will have his/her volunteer services re-evaluated by the Volunteer Coordinator.

(Parent/Guardian's Signature & Date)

(Your relationship to the volunteer)

Please have your child return this form with his/her volunteer application. Thank you.

Magee Rehabilitation Hospital Volunteer Services | 1513 Race Street, Philadelphia, PA 19102
T: (215) 587-3140 | F: (215) 587-3447 | volunteer@mageerehab.org | www.MageeRehab.org

Please call the Volunteer Department at (215) 587-3140 if you have any questions regarding this application.