Student Volunteer Agreement

I understand that my commitment to Jersey City Medical Center as a Student Volunteer is to contribute a minimum of FIFTY HOURS. Evaluations or written references will not be provided by the Volunteer Services Department until such hours have been completed. All requests for evaluations and references will be made to the Director of Volunteer Services.

________________________________________  ____________
Signature of Volunteer                      Date

Parental Permission

Your child has expressed interest in a volunteer opportunity at Jersey City Medical Center. If this meets with your approval, he/she will be considered for a Student Volunteer position.

We give much consideration and welcome all inquiries. However, due to the nature of hospital regulations and patient safety issues, there are a few things you should consider.

Your child must be at least 14 years of age and attending high school. Students are permitted to volunteer three hours per day and no later than 7 PM during the academic school year. Additional hours may be arranged during the summer and other school vacations.

Jersey City Medical Center’s primary responsibility is to provide a safe environment for our patients. Volunteering is a responsibility that should be taken seriously. Student volunteers will be expected to follow hospital procedures while conducting themselves professionally. Volunteers who are unable to meet their commitment or adhere to hospital policies will be dismissed from the program.

My son/daughter__________________________is 14 years or older and has permission to volunteer at Jersey City Medical Center.

________________________________________  ____________
Signature of Parent/Guardian                      Date