



PARENT / GUARDIAN CONSENT

For Hospice Teen Volunteers

This consent form is provided to the parents/guardians of teen volunteers under the age of 18. As the parent/guardian you play an important role in your child's experience as a hospice volunteer, this form is intended to inform you of policies and procedures. We ask that you read this with your child and sign the statements below indicating acceptance and understanding.

- Precautions to prevent infection, as required by OSHA, are taught to your child during volunteer training.
- All patient information as required by the new federal privacy laws is to be kept confidential. Your child will sign a Statement of Confidentiality and understand the Health Insurance Portability Accountability Act.
- Hospice of the Valley may contact your child's high school counselor, principal, teacher and/or school nurse.

Patient Visit Volunteers:

- Your child will be required to complete and return a Volunteer Service Report form after patient/family visits. This documentation becomes part of the medical records and is considered a confidential document. Hospice relies on this documentation for the patient's plan of care and to comply with government regulations.
- Your child agrees to commit at least 50 hours to Hospice of the Valley for a period of one (1) year.

Thrift Shoppe Volunteers:

- Your child will be involved in physical labor that may include lifting up to 20 pounds.
- The Thrift Shoppe volunteer tasks include sweeping, dusting, washing dishes, sorting clothes, throwing away trash, and washing automobiles.
- Your child will participate in a 45-minute orientation at the Thrift Shoppe prior to volunteering.

I, _____, as parent/guardian of _____
print parent / guardian name print teen name

do hereby consent for my teen to participate as a Hospice of the Valley Teen Volunteer as set forth in the program description.

Teen Volunteer Agreement:

I, _____, will honor my commitment regarding time and length of service.
print teen name

I agree to abide by the Teen Volunteer Service Policies. I will maintain a professional attitude and appearance and will maintain high work standards in my interactions with patients, staff, and other volunteers.

Teen Volunteer Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____