Sutter Health
Mills-Peninsula
Medical Center

Parent Consent – Youth Volunteer
Volunteer Services

PARENTS OR GUARDIAN OF YOUTH AUXILIARY APPLICANT

The Auxiliary of Mills-Peninsula Medical Center reserves the right to terminate your son/daughter's services as a Youth Volunteer if the action is in the interest of the Medical Center. Such termination could result from one or more of the following:

- Failure to comply with Medical Center Youth Auxiliary Rules and Regulations.
- Two (2) unexcused absences. The Youth Volunteer **MUST** contact the Chair of his/her service, the Volunteer Office (696-5077) and the Department in which they are volunteering.
- Personal conduct, attitude or appearance unbefitting a member of the Youth Volunteer program.

Emergency Medical Care:
The Medical Center shall provide emergency health care for injuries suffered by a Youth Volunteer resulting from participation in the volunteer program. Hospital personnel determine the duration and extent of necessary emergency health treatment.

By my signature, I acknowledge the conditions of my son/daughter's membership in the Youth Auxiliary and I agree to allow my son/daughter to participate as a Youth Volunteer for a minimum 150 total hours service. I agree to the medical testing requirements and permit Mills Peninsula Medical Center to provide emergency medical care.

My son/daughter _____ has my permission to become a Youth Volunteer of Mills-Peninsula Medical Center.

Signature of Parent or Guardian: _____ Phone (_ _ _) _ _ _ - _ _ _ _

Relationship: _____ Address: _____ Date: _____

Signature of Youth Volunteer Applicant _____ Date: _____