



STUDENT VOLUNTEER PARENT RELEASE FORM

_____ has my permission to volunteer their service as a Student Volunteer at Gillette Children's Specialty Healthcare.

I understand that my student must commit to the following:

- A sincere desire to help others and provide service to Gillette Children's.
- Following Gillette guidelines and policies.
- Availability to volunteer once a week for the entire summer season of June-August.
- An in-person interview.
- Complete online Volunteer Orientation and all required documentation.
- Complete and pass a Background Study, including fingerprinting.
- Complete a Q-Gold TB blood test.
- Submit a copy of current vaccination records.
- Having reliable transportation to and from Gillette.
- Communicating with Volunteer office about personal schedule and absences.

I also give my permission to Gillette Children's to take my student's picture for future Gillette use.

Parent/Guardian Signature: _____ **Date:** _____

Print parent/guardian name: _____

This form is part of the Gillette Children's **Summer Student Volunteer Application Form.**

Applications are not considered complete until this form is submitted to the Gillette Volunteer Services office.

Return form by email to: volunteer@gillettechildrens.com