

# Volunteer Services Department **Student Volunteer Parent Form**

Dear Parent/Guardian:

Your daughter/son is interested in being a SUNBEAM (Students Using kNowledge and Being Educated At Mercy) at Mercy Philadelphia Hospital. Participation in this program gives teenagers an opportunity for train in community service and the ability for first-hand observation of careers in the health field.

All Sunbeams must have reached her/his 14th birthday before starting their volunteer service. Volunteers serve without pay and need to provide their own transportation.

They are expected to be punctual and meet the regular attendance requirement in the department they have been assigned. If, due to illness or another emergency, they cannot report at their assigned volunteer time, they are expected to call the Volunteer Office at 215. 748.9114 one hour prior to their start time. They should NOT report to volunteer if they have a rash, a high temperature or a severe cold.

Sunbeams are required to complete the Immunization Form and receive a PPD test prior to starting their assignment. The hospital Health Office provides this test at no charge. In order to perform the required PPD test, we need your permission on the form below.

Please sign the consent form and return it to the Volunteer Office at Mercy Philadelphia Hospital, 501 South 54th Street, Philadelphia.

I am aware that my daughter/son will be volunteering at Mercy Philadelphia Hospital and I give my approval for the hospital's Health Officer to perform the required PPD test.

Name of Sunbeam \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_