

ST JOHN'S HEALTH

VOLUNTEEN PARENT/GUARDIAN PERMISSION

Your son or daughter has applied to become a SJH Volunteer. We are looking for volunteers who honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate, and honest.

In return, we can provide:

- The opportunity to experience different kinds of work and to work along side various types of people
- A chance to learn responsibility and show leadership and independence
- A chance to explore health care industry

For most of our teen volunteers, the commitment they make to us is also a commitment for you. They count on their parents/guardians to:

- Provide transportation to get to and from SJH
- Help ensure their timely arrival
- Expect them to do their best in jobs assigned
- Not schedule family events or duties at the time they are scheduled to work
- Help make sure they arrive at SJH in clean, dress code acceptable clothing

We understand there will be times when your child can't come, such as illness, emergencies, or vacations. We ask that volunteers call us when they are ill or have an emergency and give us as much notice as possible about vacation plans. If we don't receive a call, we will be counting on them to be here.

For students, school is of the utmost importance and concern. Volunteering should not interfere with schoolwork. If grades go down, please have your child inform the Volunteer Services Department and they will be placed on a leave of absence. When grades improve, volunteers can be easily reinstated in the program.

I hereby give permission for my child _____ to perform volunteer services at SJH under the direction of the Volunteer Services Department. I have read the preceding rules and guidelines, and I clearly understand the conditions of my child's participation in the program described above.

I grant SJH permission to administer to my child a tuberculin skin test before providing volunteer services in the hospital and will supply current vaccination records.

I grant the hospital permission to provide emergency treatment to my child in the event they become ill or sustains an injury while serving as a volunteer.

Parent/Guardian signature

Date



DRUG FREE WORKPLACE

VOLUNTEER APPLICANT | DRUG TESTING CONSENT FORM

I understand that St. John's Health has a policy against the possession, use, sale or transfer of illegal drugs by its employment applicants, volunteers and employees. I further understand that St. John's Health is committed to a drug free workplace and workforce and has adopted a drug-testing program as one method of implementing that policy.

I hereby consent to the taking of a urine sample by St. John's Health, or its agent, for purposes of the above drug testing program and to the testing of samples by any drug testing laboratory designated by St. John's Health. I hereby further consent to the release of the drug test results from the laboratory to the Human Resources Department and Volunteer Services Department of St. John's Health.

If I should refuse to participate, or should the test results be confirmed positive, and no acceptable explanation is provided, St. John's Health will rescind the applicant's volunteer offer. I understand that failure to submit to a test or tampering with the specimen will be considered a positive result.

Signature of Applicant

Date

Print Name

Address

If volunteer applicant is a minor:

If applicant is under the age of 18, please have legal guardian give consent for the following tests to be conducted in accordance with the St. John's Drug Free Workplace and New Hire Policies:

I, the parent or court appointed guardian agree with that written above and do hereby consent to have said minor participate in the described substance abuse screen test.

Signature of Parent or Legal Guardian

Date

