STUDENT VOLUNTEER PARENT RELEASE FORM

__________________________________________ has my permission to volunteer their service as a
Student Volunteer to 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.
- A firm commitment to volunteering once a week.
- A personal interview.
- Complete online Volunteer Orientation.
- Complete a Q-Gold TB blood test from your own physician/clinic.
- Submit a copy of current vaccination records and the completed initial immunization intake form completed by your physician.
- 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’ picture for future reference.

Parent/Guardian Signature: ___________________________________________ Date: ______________________

This form is part of the Gillette Children’s 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