



## 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's 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](mailto:volunteer@gillettechildrens.com)