



Parent/Guardian and Teen Volunteer Contract

We appreciate your desire to share your time with us as a teen volunteer. We will make every effort to see that your experience here will be rewarding and you receive support and encouragement in your assignments and learning. To ensure that you realize the commitment involved, we request that you read this with your parent or guardian and agree to the following.

- I understand the entire process to become a volunteer (interview, orientation, health screen etc.) takes 2 to 3 weeks.
- I am at least 16 years of age and a junior or senior in High School.
- I understand that all volunteer placements are on a first come, first served basis but that my interests will be taken into account as volunteer placements are assigned.
- I will adhere to the hospital's Professional Appearance Policy, which includes wearing the hospital ID badge, shoes (no sandals) and the teen volunteer uniform (polo shirt) that is provided to you. I will wear slacks or khaki pants and dress to appear business casual. I will not wear leggings, shorts, short skirts, jeans or denim clothing of any color, athletic wear or scrubs. I understand I will not be allowed to complete my volunteer shift if I am not dressed according to the hospital policy.
- I will be dressed appropriately in business casual attire for orientation day.
- I will **not** wear perfumes or scented lotions.
- I understand that I am required to attend one of the 3 1/2-hour orientations and will complete the required minimum hours (as specified by school program.) Most teen volunteers complete 1 shift per week for 3 to 4 hours.
- I will remain on UCH Campus for my entire volunteer shift.

While volunteering I will:

- Notify my volunteer supervisor (name and number will be provided to you) prior to my scheduled shift if I am unable to volunteer due to illness or an emergency.
- Treat patients, visitors and staff with dignity and respect. I shall hold as absolutely confidential all information I may obtain directly or indirectly concerning patients, doctors, or personnel. I will not seek to obtain confidential or personal information from anyone including patients, doctors, volunteers, or staff.
- Not chew gum while volunteering.
- Start volunteering at the assigned time and stay in that department until my shift is over.
- Bring any problems or suggestions to the staff of the Volunteer Services office as quickly as possible.
- Keep my cell phone ringer **OFF**. I understand Volunteer Services prefers/expects I keep my cell phone in my locker (with my combination lock secured) while I am volunteering. I will not text during my volunteer shift and I will keep it out of sight. I may switch to vibrate during break time or at end of shift while in the hospital. I understand my phone maybe taken away if used inappropriately and returned at the end of shift.
- I will be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

I understand the Manager of Volunteer Services reserves the right to terminate my volunteer status for reasons which include, but are not limited to (a) failure to comply with Hospital policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory



attitude, work, or appearance; or (d) any other circumstances in which disciplinary action has been taken and specified response disregarded.

I have read each of the above conditions and I agree to be bound by them.

Volunteer Name (print) Volunteer Signature Date

Parent or Guardian (print) Parent or Guardian Signature Date
(for volunteers under age 18) (for volunteers under age 18)

Teen Volunteer Parent/Guardian Consent Form

Teen Volunteer's Name: _____

I give my permission for the above teen to participate in the Teen Volunteer Program at the UCHealth - University of Colorado Hospital. I understand that a teen volunteer is assigned to a specific department or position with a volunteer position description, for a specific shift and that fulfillment of those hours is important. I will work to ensure my teen is able to complete his/her commitment.

I acknowledge there are risks involved in participation in the program and hereby agree to hold harmless the University of Colorado Hospital, its trustees, officers, directors, employees, representatives, and agents from any claim, damage, illness or loss whatsoever that he/she may experience, including any physical or emotional injury, as a result of participation in this program.

I understand that dismissal from the Teen Volunteer Program may occur if a teen is not following the volunteer position description or for not adhering to the hospital and Volunteer Services policies and procedures.

My Emergency Contact Information is:

Parent Name: _____

Phone number: _____

Email address: _____

Parent/Guardian Signature: _____ Date: _____

Teen Volunteer Photo Consent

This is to certify that I give permission to UCHealth to use the above teen's image for news media, marketing, public relations, and/or hospital business purposes.

Parent/Guardian Signature: _____ Date: _____