



## Parent/Legal Guardian Consent for Teen Volunteer

Prospective Teen Volunteer's Name: \_\_\_\_\_

I hereby grant permission for my teen to participate in the Summer Teen Volunteer program and all volunteer activities on campus. I understand that my teen's services are donated to the hospital without contemplation of compensation or future employment, and that those services are given for humanitarian or charitable reasons.

If selected for the Volunteer program at UCHHealth – Metro Denver, I acknowledge there are risks involved in participation in the program and hereby agree to hold harmless UCHHealth - Metro Denver, 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 my teen will be walking to education opportunities on the Anschutz Campus, outside of the University of Colorado Hospital.

I also understand that should my teen need printed verification of his/her summer hours for school or any school activities, a letter will be provided by the Volunteer Services Staff only after completing a minimum of 48 hours of volunteer time.

To ensure that each teen placed in the program receives a quality experience, as well as to wisely utilize hospital resources, the number of teens placed in the summer program is limited. Each teen application, essay and interview is individually reviewed and scored against the same criteria in order to guarantee a fair and consistent selection process for all applicants. As a result, not all applicants will be placed into the program.

My Emergency Contact Information is:

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_