

## **Junior Volunteer Program Participation Parental Consent**

The Houston Methodist Junior Volunteer Program is intended to encourage students to explore a variety of career pathways. It is our desire that participation in the program inspires teen volunteers to expand their leadership skills, accountability, and self-dependence.

We expect teen volunteers to be interested and enthusiastic about what they are doing. It is important to be independent and comfortable talking to adults. There are many rules regarding infection control, confidentiality, and interacting with patients — it is of vital importance to pay attention to this information and follow these regulations. Volunteer Services staff and department mentors expect our teen volunteers to follow directions and demonstrate maturity and respect.

While we appreciate our teens' interest in specific areas, capacity is limited and we must respond to the needs of the hospital. We make every attempt to place teen volunteers in at least one of their areas of interest, but due to availability and consideration of hospital needs cannot always accomplish this.

## As a parent, you may facilitate your teen's growth through participation in this program by:

- Allowing your teen to handle <u>ALL</u> communication with HM staff regarding their Junior Volunteer opportunity
- Refraining from accompanying your child to orientation, trainings, and volunteer assignments. You
  are not permitted to sit in on onboarding requirements or to enter hospital administrative, customer
  support, or clinical areas to supervise/visit your teen. You may, however, accompany your teen to the
  employee health clinic.
- Encouraging them to indicate preference in areas that are of interest to them to broaden their knowledge of potential healthcare careers. The healthcare field is vast and career opportunities span greatly.

By allowing participation in this program you are agreeing to let your teen demonstrate maturity by acting independently in regard to program communications and requirements. Thank you for partnering with us to make this experience an enjoyable one.

Name of Child	·
Date	
Name of Parent of Guardian	 Signature of Parent or Guardian