



SOUTH COUNTY HEALTH

Volunteers play a very important role at South County Hospital in assisting our staff to give quality patient care, which is the primary goal of the hospital. We are guided by five core values: caring, respect, integrity, collaboration and excellence. Please sign the form below and return it to the Volunteer Manager at South County Hospital. If you have any questions or concerns, please contact the Volunteer Services Department at 401-788-1982.

Information of the Volunteer:

Full Name: _____ Date of Birth: _____

In Case of Emergency Contact and Number: _____

Are there any special medical considerations or concerns that South County Hospital should be aware of?

YES NO

If yes, please explain:

Is the volunteer a student volunteering for his or her High School Community Service Hours?

YES NO

If yes, what are the hours of service required?

Permission to Volunteer:

I hereby permit my son/daughter/self _____ to participate in Volunteer Services at South County Hospital. I have read and was provided copies of the requirements regarding health screening, the Confidentiality Statement and Pledge, and South County Hospital's minimum time commitment of 100 hours of service.

I understand that my child's/my participation in Volunteer Services at South County Hospital may carry with it certain inherent risks associated with being in a healthcare facility that cannot be eliminated regardless of the care taken to avoid injuries or damage.

By signing this form, I give my permission for my child/self to participate in this Volunteer Service and acknowledge that South County Hospital shall not be liable for any risk of loss, property damage or personal injury which my child/I may encounter as a result of his/her/my participation in Volunteer Services at the Hospital.

Signature of Volunteer or Parent/Guardian Signature, if under the age of 18:

_____ Date: _____

Print Name of Volunteer or Parent/Guardian:

** This form shall be completed for ALL students under 18 years of age.