



**Dublin Methodist
Hospital**
OhioHealth

Dear Parent:

Your teen is interested in becoming a Dublin Methodist Hospital Volunteer. This can be a very rewarding experience, but does require some responsibility. This is why we are asking for your cooperation in helping them comply with the regulations listed in our packet. We ask that you and your son/daughter read over the material, which includes the areas of Policies and Procedures and Dress Code. We hope this will give everyone a better understanding of our expectations.

All volunteers are required to have a Tuberculosis (TB) skin test before they start volunteering. Also we ask all volunteers to complete a confidentiality statement before their assigned time to volunteer. The TB Test, Confidentiality Form and this parental consent form must be returned prior to your teen's first day as a volunteer.

By signing below, you are giving your teen permission for a TB skin test and to volunteer at Dublin Methodist Hospital. You acknowledge that your teen is volunteering by their own choice and that Dublin Methodist Hospital shall not be liable for any injury or harm sustained by your teen or any claim made pursuant to their role as a Volunteer.

Dublin Methodist Hospital thanks both of you for your interest in our Volunteer program.

Sincerely,

Susan Conley
Manager, Volunteer Services
(614) 544-8269

Signature of Parent or Guardian

Volunteer Signature

Printed Volunteer Name