



## VolunTeen/Parental Permission Form

If accepted as a VolunTeen at Rome Memorial Hospital, I agree that:

1. I will respect any confidences I may receive while on duty from patients or personnel, and avoid gossip. I will also avoid discussing patient welfare with other patients or themselves.
- 2.. I will keep hospital and patient business as confidential. When I leave the hospital, I will leave all knowledge of the patients and the hospital here. I will respect the patient's privacy at all times
3. I must never attempt to exceed my responsibilities and must always thoroughly understand my assignment.
- 4 I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
  - A) Failure to comply with RMH policies, rules and regulations
  - B) Absences without prior notification.
  - C) Unsatisfactory attitude, work or appearance.
  - D) Any other circumstances which in the judgment of the Director of Volunteer Services would make my continued service as a volunteer contrary to the best interest of the hospital.
5. **NO cell phones, iPods or other computer devices are to be used in RMH departments while volunteering. RMH is not responsible for any lost or stolen personal items.**
6. I am committing to a minimum of 32 Volunteer hours per year as required. I will be punctual and conscientious in my work and conduct myself with dignity, courtesy and consider of others and endeavor to make my work professional in quality.

Acceptance to the program is dependent upon both receiving favorable references and complying with the health requirements.

**PLEASE SIGN THIS FORM AND RETURN IT AT THE TIME OF THE INTERVIEW.**

I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS.

VolunTeen \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_