

Masonicare Health Center

Dear Parent,

Your teen has expressed an interest in becoming a volunteer at Masonicare Health Center (*MHC*). Please take a few moments with your Son or Daughter to look over the information we provided, including requirements, application, and related forms.

Assisting your teen with the initial decision, discussing whether s/he can realistically add an activity to his/her schedule, and figuring out transportation are good places to start.

The volunteer staff works hard to try to make teen volunteer experiences rewarding as well as educational. If you have questions or additional concerns, please call me.

Sincerely,

Maria Santiago
Volunteer Services Program Coordinator
203-679-5980

PARENTAL/GUARDIAN PERMISSION:

_____ has my (our) consent to serve as a Volunteer at Masonicare Health Center and is 13 years of age or older. I am aware that I am responsible for the transportation of my teen to and from MHC, for assigned volunteer hours.

- The Volunteer Program of MHC **MAY** **MAY NOT** (*check one*) use my child's name and/or photo in MHC newsletters, online or in-house publications, and bulletin boards to promote the program.
- I grant permission for my teen to receive a series of two (2) Mantoux *PPD* test for Tuberculosis, should s/he be accepted for the program.
- I consent that my child is in good health. They have no physical, mental or medical conditions which would prevent them from performing certain duties.
- I consent to my teen receiving first aid medical care. For all medical emergencies 911 will be called. My consent does not replace the volunteer's regular physician.

Parent/guardian Signature: _____

Print Name: _____

Date: _____

