

Student Volunteer Agreement

I understand that my commitment to Jersey City Medical Center as a Student Volunteer is to contribute a minimum of FIFTY HOURS. Evaluations or written references will not be provided by the Volunteer Services Department until such hours have been completed. All requests for evaluations and references will be made to the Director of Volunteer Services.	
Signature of Volunteer	Date
Parental Permission	
Your child has expressed interest in a volunteer Center. If this meets with your approval, he/she Volunteer position.	
We give much consideration and welcome all in hospital regulations and patient safety issues, the	•
Your child must be at least 14 years of age and permitted to volunteer three hours per day and reschool year. Additional hours may be arranged vacations.	no later than 7 PM during the academic
Jersey City Medical Center's primary responsible patients. Volunteering is a responsibility that should be expected to follow hospital procedures who are unable to meet their commit dismissed from the program.	ould be taken seriously. Student volunteers while conducting themselves professionally.
My son/daughtervolunteer at Jersey City Medical Center.	is 14 years or older and has permission to
Signature of Parent/Guardian	Date

355 Grand Street Jersey City, NJ 07302

201.915.2000