

## NHS SUMMER TEEN Parental Approval for Teen Application

### After completing application, please read the following carefully and sign

We appreciate your interest in our hospital facilities. A clear understanding of your background and work history will aid us in considering you for the volunteer position that best meets your qualifications and interests.

1. I give permission to Nanticoke Health Services to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to medical clearance, criminal background checks, employment and personal reference checks. I understand that any misrepresentation of facts contained in this application may be cause for my rejection or dismissal.
2. I hereby acknowledge that I have agreed to become a Nanticoke Health Services volunteer. As a volunteer, I understand that I will not be compensated by Nanticoke Memorial Hospital or Nanticoke Health Services, Inc. for my time and/or personal services which I willingly donate. As an **ADULT** I agree to serve a minimum of 100 hours within one year. As a **TEEN** I agree to serve a minimum of 50 hours during the summer.
3. I agree to be photographed by Nanticoke Health Services.
4. I agree that any personal property carried by me from hospital premises, including my packages, briefcase, or any other hand luggage may be inspected by authorized personnel.
5. I agree to abide by all hospital rules and regulations. I understand that this application and any other hospital documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave for any or no reason, at any time and may be terminated by the hospital at any time and for no reason.
6. In the event of resignation or termination, I agree to return all hospital property loaned to me such as identification badges, uniforms, library books, keys, parking cards, etc.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization shall serve as consent for the hospital to request any information concerning my application.

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Signature

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Date

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Parent's Signature (Required if volunteer is under 18 years of age)

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Date