

Department of Volunteer Management
Parental/Student Agreement
Teen Volunteer Program

I agree to *and* will abide by the following policies set forth by Arrowhead Regional Medical Center (A.R.M.C.) Teen Volunteer Program:

- 1) I will commit to a Minimum of 100 hours per year of volunteer work at A.R.M.C.
- 2) I understand that if I miss more than (2) scheduled shifts (*Not approved by Volunteer Manager*), I will be placed under a probationary period subject to termination.
- 3) When I am unable to make my shift – I Must call in advance to notify the department of my absence.
- 4) I agree to abide by the Policies and Procedures of the Volunteer Department of A.R.M.C. including but not limited to: Uniform/Personal Appearance; Identification; Attitude; and Code of Conduct.
- 5) I understand that there are no breaks or meal periods allowed during the scheduled work shift if it is (4) hours or less.
- 6) I understand that homework is allowed only in selected areas at selected times with the approval of Department Supervisor. However, you must complete any/all work related duties and requests given by staff.

I have read and agree to the above requirements of the A.R.M.C. Volunteer Teen Program.

Volunteer Applicant Name

Date

I have read & agree to support the above requirements of the Volunteer Teen Program.

Parent/Guardian

Date