

Dear Parent /Guardian:

Providence Healthcare provides programs and services through three Integrated Care Divisions: **Providence Hospital**, a 245-bed rehabilitation and complex continuing care hospital, the **Houses of Providence**, a long-term care facility for 288 residents and **Providence Community Centre**, specializing in community outreach and education.

Your son/daughter has expressed an interest in becoming a volunteer at Providence Healthcare, so we ask that you review the attached material which outlines the process and expectations we have for our volunteers. Also, please make sure your child has a full understanding of the commitment he/she is making. We expect our volunteers to commit to at least one shift per week as outlined in our covering letter.

All prospective volunteers must attend a personal interview. If accepted, your child is then required to complete the Providence Healthcare Occupational Health, Safety and Wellness Questionnaire (received at the interview) and attend a scheduled Orientation Session before starting to volunteer. The health questionnaire includes a two-step Tuberculosis (TB) test which can be done by the Providence Healthcare Occupational Health Nurse (free of charge), your family doctor or at a clinic. If you wish to have the test done by our nurse, you must sign the parental consent form on the back of the Health Assessment Questionnaire. You can get more information on these tests by contacting Occupational Health at 416-285-3666 ext. 4054.

Schools now require students to do volunteer hours in order to graduate from high school and/or receive credits for many courses. Your signature on the Parental Consent Form on the reverse side of this page gives us permission to respond to any questions your son/daughter's school may have regarding his/her volunteer work. It also allows us to contact the school for any additional information we may need in placing your son/daughter. Please be aware that although school required volunteer hours may differ from ours, your child will be asked to make a commitment as outlined in the covering letter.

If you have any questions, please do not hesitate to contact us at:

Volunteer Services

Phone: 416-285-3749

Fax: 416-285-3676

vol@providence.on.ca

www.providence.on.ca

Volunteer Management Program
Parental Consent Form
For Youth Volunteers (Under 18 Years Of Age)

First Name	Middle Name	Surname
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Parent/Guardian's Name

Address	City	Postal Code
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Telephone: Home () _____ Business () _____

I have received and read the letter outlining the expectations of my son/daughter as a volunteer at Providence Healthcare, Toronto, Ontario and hereby give my consent for him/her to volunteer.

I understand that the Statement of Commitment Form will be issued (upon request) ONLY upon his/her fulfilment of the assigned time commitment, completion of the Health Assessment including a Two-Step T.B. test and the return of the ID Badge and Volunteer Uniform issued to him/her and Parking Pass (if issued).

I hereby give my consent for the release of information by my child's school as requested on the Reference Form submitted by Volunteer Services to the school.

Signature of Parent/Guardian

Date