



Family Health West

PO Box 130 Fruita CO 81521

Parental Consent

PURPOSE:

All prospective volunteers are subject to the terms and conditions listed below. All prospective volunteers under the age of 18 must have parental consent prior to the terms and conditions being executed.

PROSPECTIVE VOLUNTEER:

_____ Last Name

_____ First Name

TERMS AND CONDITIONS:

Please initial each item listed below to indicate that you consent to the term and / or condition for the above-named volunteer applicant.

_____ 1. Consent is given for the above-named applicant to be interviewed by a Volunteer Coordinator.

_____ 2. Consent is given for a CBI check (criminal background check).

If accepted into the Jr. Volunteer Program:

_____ 3. Consent is given for TB testing (tuberculosis screening), drug screen, and flu shot (Seasonal).

_____ 4. Consent is given to attend Orientation, i.e., OSHA and HIPAA in-services and placement orientation.

_____ 5. Consent is given to volunteer according to assignment, job description, guidelines and policies.

PARENTAL CONSENT:

I hereby give permission for the above-named applicant to volunteer at Family Health West and give permission for him/her to comply with each term and/or condition that I have initialed above. I understand that he/she cannot begin his/her assignment until the results of these tests have been confirmed.

_____ Signature (BEFORE SIGNING SEE NOTE BELOW)

_____ Date

_____ Relationship to Prospective Volunteer

_____ Witness



THIS FORM MUST BE **SIGNED IN THE PRESENCE OF AND WITNESSED BY** A FAMILY HEALTH WEST VOLUNTEER COORDINATOR, DIRECTOR, FRONT OFFICE RECEPTIONIST, OR HUMAN RESOURCES SPECIALIST.



Family Health West

VOLUNTEER TUBERCULOSIS SCREENING

I understand that a condition of volunteering at Family Health West is a screening test for tuberculosis. It is the responsibility of the volunteer or the parent of the volunteer to contact the Access Clinic at 970-858-2190 to schedule their TB test, the follow up visit, the second TB test and the second follow up visit.

If the results of this test are positive, I understand that a chest x-ray will be done.

Family Health West agrees to do the screen and/or x-ray free of charge.

Name of Volunteer (please print) Date Signature

Signature of Parent/Legal Guardian