AUTHORIZATION FOR VOLUNTEER SERVICES

(Applicable for minors, and those with a legal guardian)

By my signature below, I give my permission for _____

to serve as a volunteer at Newton-Wellesley Hospital ("NWH").

If in the course of his/her volunteer services, _____ requires emergency treatment, I consent to such treatment as deemed necessary by NWH.

Our family physician is: _____

He/she is located at: _____

And the telephone number is: _____

In the event I cannot be reached, I authorize NWH to contact the following person and to release such information as necessary to obtain his/her assistance:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

☐ By checking this box, I give permission for my child / ward to have a **background check** (HireRight) conducted by Mass General Brigham for volunteer placement.

☐ By checking this box, I hereby authorize the use and reproduction by Newton-Wellesley Hospital of any and all photographs or video taken of my child / ward for the purpose of general marketing communications, promotion or advertising, without compensation to my child / ward. All photographs and video shall constitute the property of Newton-Wellesley Hospital.

_____

Print Name of **Parent** or **Guardian**
(Please circle relationship)

_____ _____

Signature of Parent or Guardian Date

_____

Address

_____

Telephone Number

Please direct any questions to NWH's Volunteer Services Department, at (617) 243-6048