

**For applicants under 18 years of age:**

**Please have your parent/guardian read and review the following and sign the permission to participate before submitting your application.**

Your child has applied for placement in our Career Pathways Program. This program is a graded program, with stated learning objectives, and requires a minimum commitment of 6 months of continuous service. Some rotations will be for a full year. Students must commit to regularly scheduled weekly assignments at the hospital. The program requires mandatory safety training, service training and on-the-job training shifts. Community Service credit will only be awarded upon successful completion of all commitments, with none being awarded for students who are receiving school credit for their participation.

All Career Pathway Students are expected to attend some Student Meetings during the year, which are held on an evening during the week and may include a presentation or visit to a medical or support service in our hospital

Students will be assigned to available shifts and though we will make every effort to accommodate their school, church, or other activities, they may need to take the next best staffing assignment until the perfect fit becomes available.

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### **PERMISSION TO PARTICIPATE IN CAREER PATHWAYS PROGRAM**

My child, \_\_\_\_\_, and I have reviewed the above information. I understand that my child is accepting an obligation for promptness and dependability in attendance when scheduled to be at the hospital. I will cooperate in helping her/him to fulfill these responsibilities.

We understand that students purchase their own uniforms. Upon any occasion when she/he is unable to serve, she/he must secure her/his own trained substitute.

TB Screen (PPD skin test) is required for all hospital volunteers. There is no charge for this test, which is administered by the SVMH Employee Health Nurse. If your child has a history of a positive skin test results, Employee Health requires a completed "Positive PPD Questionnaire" on file with a baseline chest X-Ray.

Routine Background Checks are required for all volunteers working in the hospital. A separate release form should be filled out at the time of application, and there is no charge to the volunteer. Permission is hereby granted for my daughter/son, \_\_\_\_\_, to serve the Salinas Valley Memorial Hospital as a Student Volunteer and to complete required TB Screening. I absolve the hospital from responsibility for any injury or illness sustained by my child while so serving.

Printed Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date