



## Student Volunteer Parental Consent Form

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I am the parent or guardian of the above-named minor Student. I hereby give consent for Student to provide volunteer services and participate in the Student Volunteer Program at Cooper University Health Care. I represent that Student is in good health and does not have any health conditions that would prevent them from providing volunteer services at Cooper. I agree that I will cooperate to impart to them the requirement that they comply with the policies, rules, and regulations of Cooper University Health Care while volunteering and understand that noncompliance with policies may prevent Student from continued participation.

The organization is not obligated to provide a placement, nor is the student obligated to accept the position if offered. Opportunities for Student Volunteers are provided without regard to Religion, Creed, Race National Origin, Age, Sex or Disability.

Please mail to:

Volunteer Coordinator  
Cooper University Hospital, Dorrance 223  
One Cooper Plaza  
Camden, NJ 08103