

**Mercy Medical Center
Minor Volunteer Permission Form**

My minor child _____ (print name) meets the minimum volunteer age requirement of fifteen (15) years of age, and he/she has my permission to serve as a teen volunteer at Mercy Medical Center and its off-site locations.

I understand that a (TB) Tuberculin Skin Test health screening will be necessary and a physical examination to determine general health may be required (depending upon the volunteer assignment) in order for my child to participate.

I also understand that my child will be asked to provide a written reference to be considered for volunteerism.

I am also aware that teen volunteers are at times requested to run errands to the pharmacy and may be asked to file, stock shelves, unpack supplies, and/or transport patients in wheelchairs.

Date: _____ Phone: _____

Printed Name: _____

Signature: _____

Please return form to:

Volunteer Services Office
Mercy Medical Center
1320 Mercy Drive NW
Canton, Ohio 44708
Fax: (330) 580-4794
Phone: (330) 489-1106