

Dear Parent /Guardian:

Providence Healthcare provides programs and services through three Integrated Care Divisions: **Providence Hospital**, a 245-bed rehabilitation and complex continuing care hospital, the **Houses of Providence**, a long-term care facility for 288 residents and **Providence Community Centre**, specializing in community outreach and education.

Your son/daughter has expressed an interest in becoming a volunteer at Providence Healthcare, so we ask that you review the attached material which outlines the process and expectations we have for our volunteers. Also, please make sure your child has a full understanding of the commitment he/she is making. We expect our volunteers to commit to at least one shift per week as outlined in our covering letter.

All prospective volunteers must attend a personal interview. If accepted, your child will be required to complete Providence Healthcare's Workplace Health, Safety and Wellness Questionnaire and attend a full-day scheduled Orientation Session before starting to volunteer. The health questionnaire includes a two-step Tuberculosis (TB) test which can be done at your family doctor's office or at a walk in clinic of your choice. An in-depth overview to the TB test will be explained at the interview.

Schools now require students to do volunteer hours in order to graduate from high school and/or receive credits for many courses. Your signature on the 'Parental/Guardian Consent to Volunteer' form on the reverse side of this page gives us permission to respond to any questions your son/daughter's school may have regarding his/her volunteer work. It also allows us to contact the school for any additional information we may need in placing your son/daughter. Please be aware that although school required volunteer hours may differ from ours, your child will be asked to make a commitment as outlined in the covering letter.

If you have any questions, please do not hesitate to contact us at:

Volunteer Services
Phone: 416-285-3749
Fax: 416-285-3676
vol.phc@unityhealth.to

Parental/Guardian Consent to Volunteer

For Youth Volunteers (14 - 17 Years of Age)

First Name	Middle Name	Surname
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Parent/Guardian's Name

Address	City	Postal Code
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Telephone: Home () _____ Business () _____

I have received and read the letter outlining the expectations of my son/daughter as a volunteer at Providence Healthcare, Toronto, Ontario and hereby give my consent for him/her to volunteer.

I understand that the 'Statement of Volunteer Commitment' form will be issued ONLY upon his/her fulfilment of the assigned **time and hour commitment** and the return of the **ID Badge** and **Volunteer Uniform** issued to him/her.

I hereby give my consent for the release of information in response to any questions my son/daughter's school may have regarding his/her volunteer work. I also allow Providence Healthcare to contact the school for any additional information needed in placing my son/daughter.

Signature of Parent/Guardian	Date
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