

HAVE YOU EVER BEEN INDICATED FOR CHILD ABUSE/NEGLECT? Yes _____ No _____

WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY? (If appropriate, please list both a daytime/work and evening/home telephone number for this person.)

Name	Address	() Telephone #
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REFERENCES

Please list two personal references (**not relatives**) such as teachers, coaches, friend's parent) we can contact who would be able to provide a recommendation for you.

Name	Address	City/Zip	Telephone #
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____

I certify that the information provided in this application for volunteer service is true and complete to the best of my knowledge. I understand that any misrepresentation, omissions, or falsification of information may disqualify me from future consideration for volunteer service and constitutes grounds for immediate dismissal from any subsequent volunteer service at La Rabida Children's Hospital.

In consideration of my volunteer service, I agree to conform to the rules and regulations of La Rabida Children's Hospital and behave in accordance with La Rabida Children's Hospital's policies and procedures. I understand and agree to submit to a pre-volunteer health screen and such further health screen(s) as may be required by La Rabida Children's Hospital. I also understand that my future volunteer service is contingent upon passing this health screen, as well as a background check (which may include criminal background check and a reference check).

I hereby authorize persons, schools, my current employer (if applicable) and/or previous employers named in this application to provide La Rabida Children's Hospital and MCHC, the organization that provides a part of this service, with any relevant reference information and I release all individuals, partnerships, associations or corporations from any liability regarding the use of such information.

Signature _____ Date _____

STUDENT VOLUNTEER CONSENT/PARENT CONTRACT

This is to verify that my son/daughter, _____, has my consent to participate in the Student Volunteer Program at La Rabida Children's Hospital. I understand that he/she is making a weekly commitment to volunteer at a regularly assigned time for a total of 40 hours. Students volunteering during the school year are required to give two hours each week for 20 weeks. Students in our summer program must give a total of 40 hours (scheduling to be determined).

To the best of my knowledge, there is no reason why my son's/daughter's activities should be limited. I also understand that a VERIFIED criminal background check and DCFS check will be conducted on my son/daughter and that these checks are done on all applicants for paid and unpaid positions at La Rabida Children's Hospital.

Signature of Parent or Guardian _____ Date _____

PLEASE RETURN THIS APPLICATION TO: Manager, Volunteer Services, La Rabida Children's Hospital, 6501 South Promontory Drive, Chicago, IL 60649. 12/2013