



**Northside Hospital Forsyth – VolunTeen Program
VolunTeen Agreement Form**

Northside Hospital Forsyth Auxiliary is a service and fundraising organization dedicated to the support of Northside Hospital Forsyth, its patients, visitors and the community.

I understand and accept that in joining the VolunTeen Program and becoming a VolunTeen at Northside Hospital Forsyth, I agree to the following:

- To begin volunteering after the mandatory orientation.
- To wear my photo identification badge and official uniform at all times when working my service.
- To work at least once a week, in the service area to which I am assigned at the designated time.
- To give a service commitment of 20-24 hours during the summer session.
- To give advance notice to my department if I cannot come, except in the case of an emergency.
- Joining the auxiliary does not provide an opportunity for job shadowing or internship.

In witness of my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause for discharge without prior warning at any time during my service with Northside Hospital Forsyth Auxiliary.

VolunTeen signature _____ Date _____

Print Legal Name _____

Parent/Guardian Signature _____ Date _____