



## Junior Volunteer Summer Program Parent/Guardian Authorization and Release Form

I approve for my son/daughter \_\_\_\_\_

to serve as a junior volunteer with the CHRISTUS Santa Rosa Health System and offsite affiliate locations.

Final placement is contingent upon satisfactory completion of all pre-placement procedures and program requirements, including but not limited to the submission of all forms, interview, orientation classes, and training.

I understand as the parent/guardian, that I assume financial liability in the event that my child should require medical attention while volunteering.

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Signature of parent/guardian

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Date

This form must be included with an original signature and submitted as part of the junior volunteer application process during the scheduled interview.