

**New Hanover Regional Medical Center
Junior Volunteer Program**

Parent/Guardian Authorization and Release Form

I approve for my son/daughter, _____, to serve as a junior volunteer at New Hanover Regional Medical Center 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 interview, orientation classes, and training.

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

Parent/Guardian Signature: _____ Date: _____

This forms must be included with an original signature and submitted as part of the Junior volunteer application process. Students will not be able to register for an Orientation class or schedule training sessions without the proper signatures. Forms can be scanned to michelle.bare@nhrmc.org or via fax at 910.343.7347 or mailed to NHRMC Volunteer Services at P.O. Box 9000, Wilmington, NC 28402.

**NHRMC Volunteer Services Department
Junior Volunteer Program(s)**

**Consent to Photograph
Authorization Form
(Optional)**

Date: _____

I give my consent to have photographs (including but not limited to photographs made by camera or smart phone devices), or images made of myself and or/ my son/daughter while they are participating in the NHRMC Junior Volunteer Program(s).

Proposed uses for photographs: NHRMC Junior Volunteer website/pages, Orientation Slideshows, Volunteer Brochures/Newsletters, Volunteer Expo's, and other social media.

Examples of photographs: National Volunteer Week events, volunteers performing duties/tasks, Scholarship Recipients, Awards & Recognitions, Education Sessions/Division Tours, Holiday Project/Socials, & Special Events.

Volunteer Signature: _____

Parent/Guardian Signature: _____