



RELEASE OF TRANSCRIPT (GPA)

I, _____, parent / legal guardian of
(please print)
_____ give my permission for
(please print)
_____ to release copies of my child's
(name of school)

transcript (including GPA) to Hamilton Healthcare System, Department of Guest and Volunteer Services. I understand the transcript will be used to determine my child's acceptance in the Hamilton Volunteer Program.

_____/_____
Parent / Guardian Signature Date



HAMILTON MEDICAL CENTER IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED.

OPPORTUNITIES ARE PROVIDED TO APPLICANTS WITHOUT REGARD TO RACE, RELIGION, CREED, NATIONAL ORIGIN, AGE OR SEX.

PARENT / GUARDIAN OF MINOR: I give permission for my child to become a member of the Hamilton Volunteer Team. I understand that Volunteer duties have been approved by the Administration of Hamilton Medical Center, that I am responsible for my child's transportation and uniform, and that I will support my child in his / her commitment to the Hamilton Volunteer Program.

I give my consent for pre-placement testing, which may include chest x-ray, urine drug screen, TB screening, blood testing and / or other testing as deemed necessary. I also give my permission to Hamilton Healthcare System to administer any first aid and / or medical treatment deemed necessary in the case of injury or illness suffered during the course and scope of service.

Parent / Guardian Signature: _____

Date: _____