



207 Foote Avenue, PO Box 840
Jamestown, NY 14702-0840

Volunteers play a very important role at WCA Hospital by helping us to provide quality, cost-effective healthcare to our community. They do this in a number of ways:

- Augmenting and expanding the services provided by our staff.
- Providing supplemental services, which contribute to patient care and satisfaction.
- Assisting non-patient care departments with support.
- Helping to spread the word about the good things happening at WCA.

Please sign the form below and have your son/daughter return it to the Volunteer Coordinator in the Human Resource office at WCA Hospital. If you have any questions or concerns, please contact Amy Reinhardt, Volunteer Coordinator at 664-8388.

PERMISSION TO VOLUNTEER

I hereby permit my son/daughter _____ to participate in the Junior Volunteer Program at WCA Hospital. I also have read the WCA Occupational Health Physical requirement regarding volunteers who will be placed in a direct patient care area. I give my permission to have my son/daughter complete an employment medical examination, provided by WCA Hospital free of charge. And I further release WCA Hospital from any legal or other responsibilities for any injuries, act, or incidents involving the volunteer.

Parent/Guardian Signature (if under 18):

Date: _____