

**If accepted as a Mayo Clinic student volunteer, I agree that:**

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient. Additionally, I will not attempt to photograph or solicit an autograph from a high profile patient or visitor.
2. My services are donated to Mayo Clinic without contemplation of compensation or future employment and are given for humanitarian reasons. I realize I am never required to perform any services as a volunteer which I am uncomfortable doing or for which I have not been properly trained.
3. I shall not sell or attempt to sell good or services, request contributions, or to solicit persons to sign or distribute political petitions on Mayo Clinic property.
4. I shall submit to examinations, which may include background screening, chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my doctor(s) to furnish Mayo Clinic information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to Mayo Clinic.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my service professional in quality. I understand that my appearance while on duty as a volunteer must be neat and clean. I shall wear the uniform designated by Mayo Clinic Volunteer Services Department and my Mayo Clinic volunteer name badge while on duty at all times.
6. I shall attempt to resolve any problems related to my volunteer activities with my supervisor or Team Leader and, if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.
7. I shall make my best effort to fulfill my commitment to Mayo Clinic by completing all assignments I accept.
8. I shall at all times uphold the philosophy and standards of Mayo Clinic.
9. I understand that I must be available to volunteer 8 weeks of the 10 week program.
10. I will attend 6 of the 8 educational brown bag lunch series.
11. I understand the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
 - (a) failure to comply with Mayo Clinic policies, rules and regulations.
 - (b) three (3) absences without prior notification.
 - (c) unsatisfactory attitude, work or appearance unbecoming a member of Mayo Clinic's High School Student Volunteer Program.
 - (d) any other circumstances which, in the judgment of the Director of Volunteer Services would make my continued service as a volunteer contrary to my best interests as well as those of Mayo Clinic.

I have read and understand each of the above conditions. I will have an opportunity to ask questions and I agree to be bound by this consent to volunteer.

Volunteer's Signature _____

Date _____

Parent/Guardian Agreement

1. I assume full responsibility for our child's transportation to and from Mayo Clinic.
2. I give permission to Mayo Clinic to administer emergency medical treatment if necessary.
3. I hereby authorize Mayo Clinic to contact and receive information from any references given regarding my child's activities.
4. My child has permission to become a Mayo Clinic High School Student Volunteer.
5. My child will be in compliance with the High School Student Volunteer Agreement, including completion of 8 weeks of service after orientation.

Parent/Guardian Signature _____ Date _____