

St. Dominic Hospital  
Minor Volunteer Permission Form

My minor child \_\_\_\_\_(print name) has my permission to serve as a teen volunteer at St. Dominic Hospital. I understand that a (TB) Tuberculin Skin Test health screening will be necessary in order for my child to volunteer. I also understand that teen volunteers are at times requested to run errands and may be asked to file, stock, unpack and shelve supplies and find wheelchairs.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

The foregoing was acknowledged before me

on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,

who produced the following identification: \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Please return form to:     Volunteer Service St. Dominic Hospital  
  969 Lakeland Drive  
  Lakeland, MS 39216  
  Fax: (601) 200-6486 Phone: (601) 200-6739