

**University of Tennessee Medical Center at Knoxville
Junior Volunteer Contract for Service**

- * I agree to abide by the rules and regulations of the Medical Center and the Volunteer Services Department.
- I agree to notify the Volunteer Services Department if I am unable to work my scheduled shift.
- I agree to work where directed and to be of assistance to those with whom I work.
- I agree to abide by the dress code set forth by the Medical Center and the Volunteer Service Department.
- * I understand that I may be dismissed from the Junior Volunteer Program if I fail to abide by the rules set forth by the Medical Center and the Volunteer Services Department.

Junior Volunteers are required to attend a mandatory orientation on _____.
You will receive written confirmation of this session upon completion of your application packet and acceptance into the program.

Applicant's name- please print

Applicant's signature

Parent / Guardian Permission

The above named applicant has my permission to serve as a Junior Volunteer at The University of Tennessee Medical Center at Knoxville. I understand that UTMCK is not liable for any action(s) unrelated to the duties assigned by the Volunteer Services Department. I will read the rules and regulations of the Junior Volunteer Program and encourage compliance with them.

Relationship to applicant

Parent / Guardian signature

Date