

Volunteers play a very important role at South County Health in assisting our staff to give quality patient care, which is the primary goal of the hospital. We are guided by five core values: caring, respect, integrity, stewardship, partnership and excellence. Please sign the form below and return it to the Volunteer Manager at South County Hospital. If you have any questions or concerns, please contact the Volunteer Services Department at 401-788-1982.

Information of the Volunteer:
Full Name: Date of Birth:
In Case of Emergency Contact and Number:
Are there any special medical considerations or concerns that South County Hospital should be aware of?
YES NO
If yes, please explain:
Is the volunteer a student volunteering for his or her High School Community Service Hours?
YES NO
If yes, what are the hours of service required?
Permission to Volunteer: I hereby permit my son/daughter/self
certain inherent risks associated with being in a healthcare facility that cannot be eliminated regardless of the care taken to avoid injuries or damage.
By signing this form, I give my permission for my child/self to participate in this Volunteer Service and acknowledge that South County Hospital shall not be liable for any risk of loss, property damage or personal injury which my child/I may encounter as a result of his/her/my participation in Volunteer Services at the Hospital.
Signature of Volunteer or Parent/Guardian Signature, if under the age of 18:
Date:
Print Name of Volunteer or Parent/Guardian:

^{**} This form shall be completed for ALL students under 18 years of age.