

**POLICY and PROCEDURE VS25**

<b>Subject:</b> VS701 Under 18 Volunteers	<b>Effective Date:</b> December 2017
<b>Applies to:</b> Houston Methodist Hospital, TMC	<b>Date Revised/Reviewed:</b> February 2018
<b>Originating Area:</b> Volunteer Services	<b>Target Review Date:</b> 12/01/2019
	<b>Version: 2</b>

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I. **POLICY AND GENERAL STATEMENT**

The purpose of this policy is to outline the parameters for utilizing and managing volunteers under the age of 18. The goal is the policy is to ensure the safety of our patients, staff, and volunteers.

II. **PROCEDURE**

Volunteer positions and opportunities are available for ages 8 and up, with restrictions.

- Volunteers aged under 18 years must have a rest break of at least 30 minutes after every four hours of volunteering.
- During the school term, volunteers aged 14-15 years old can volunteer for a maximum of three hours per day and 18 hours per week, between the hours of 7am-7pm.
- During the school holidays, volunteers aged 14-15 years old can volunteer for a maximum of eight hours per day and 40 hours per week, between the hours of 7am-9pm.
- Volunteers aged 16-17 have no restrictions on the number of hours or times of day they may work.

For long term volunteer opportunities:

- Only minors over the age of 16, who have submitted a volunteer application, were accepted into the Caring Teens program, and have completed the onboarding process may volunteer on a consistent basis.
- Accepted Caring Teen volunteers must have the following forms in their file:
  - Application form (2 pages)
  - Parental Consent and Release of Liability for Minor
  - Letters of Recommendation (2)
  - Background Release
  - Employee Health Clinic Guardian Consent Form
  - State Issued Identification (2 copies)
  - Consent to be Photographed or Videotaped
  - Copy of report card

- Volunteer Acknowledgement Form
- Immigration & Export Control Questionnaire

For volunteer opportunities that occur on an episodic basis:

- Minors under the age of 18 must provide a signed *Parental Consent and Release of Liability for Minor*.
- If a group of minors are volunteering together, each minor is required to have the above stated forms, as well as one adult chaperone for every two volunteers under the age of 15.

III. **Attachments:**

- A. Consent to be Photographed or Videotaped
- B. Employee Health Guardian Consent Form
- C. Parental Consent & Release of Liability for Minor

IV. **NAME OF APPROVING EXECUTIVE: Amanda Guest**  
**TITLE: Director**

\_\_\_\_\_  
 Amanda Guest  
 Director, Volunteer Services

\_\_\_\_\_  
 Date Signed

**Revision History**

Revision	Date	Changed by	Revision Summary
1	08-02-17	Gabrielle Montoya	Created policy
2	02-01-18	Gabrielle Montoya	Updated procedure with current child labor laws

**Attachment A: CONSENT TO BE PHOTOGRAPHED OR VIDEOTAPED**

I, \_\_\_\_\_ (print name) consent to have photographs or videotapes taken of me by Houston Methodist Hospital Volunteer Services employees or volunteers.

\_\_\_\_\_  
Signature (parent or guardian signature if minor)

\_\_\_\_\_  
Date

**AUTHORIZATION FOR USE AND DISCLOSURE OF PHOTOGRAPHS OR VIDEO IMAGES**

I, \_\_\_\_\_ (print name) authorize Houston Methodist Hospital to use and disclose photographs or video images taken of me by Houston Methodist Hospital Volunteer Services employees or volunteers for the purpose of publishing and republishing in newsletters, brochures or any other purpose which Houston Methodist Hospital may deem appropriate. I understand and agree that my identity may or may not be released. I agree to hold Houston Methodist Hospital, its employees and volunteers harmless from any and all liability arising from these activities.

This authorization is valid from the date of my signature, unless I specify otherwise. I understand that I may revoke this authorization at any time. I understand that if I revoke this authorization, I must do so by sending or faxing a written revocation to Director of Volunteer Services. I understand that the revocation will not apply to information already released in response to this authorization.

I understand that if the recipient of this information is not covered by Federal or Texas privacy laws, this information will not be protected under these laws once it is disclosed and, therefore, may be subject to re-disclosure by the recipient. I understand that photographs or video images of me taken by the media may be used for any purpose in which the media may deem appropriate.

\_\_\_\_\_  
Signature (parent or guardian signature if minor)

\_\_\_\_\_  
Date

Employee Health Clinic  
6550 Fannin Street, St. 555  
Houston, Texas 77030  
Clinic: 713.441.1391  
Fax: 713.441.7200

**Attachment B: Employee Health Guardian Consent Form**

To whom it may concern:

Parental consent is granted to the Acting Physician of the Employee Health Clinic of Houston Methodist Hospital, and to other physicians from which he/she may request consultation, to accomplish physical examinations (to include drug screening), Diagnostic test, X-rays, Immunization procedures, and to prescribe treatment that is deemed necessary for

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent of Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

**Attachment C: Parental Consent and Release of Liability for Minor**

**IF ACCEPTED AS A METHODIST VOLUNTEER, I AGREE THAT:**

1. I will use confidential information, only as needed to perform my volunteer duties. I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to the Houston Methodist Hospital. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.
2. My services are donated to the hospital and given for humanitarian, religious, or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off of hospital property, or act as a runner or capper for an attorney in the solicitation business. I shall report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.
4. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petition on hospital premises unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
5. I shall submit to the physical screenings, which may include chest X-rays, skin test, and appropriate laboratory test, as a condition of my acceptance into the volunteer program. I also authorize the person(s) performing tests or x-rays films to report the results to the hospital.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my unit/department supervisor, and, if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the mission and I CARE values of the hospital.
10. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) 3 absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department Director, would make my continued service as a volunteer contrary to the best interests of the hospital.

I have read all of the above conditions and I agree to adhere to them.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent/Guardian Name (If Volunteer Under Age 18)

\_\_\_\_\_  
Parent/Guardian Signature (If Volunteer Under Age 18)

**YOUR NAME** \_\_\_\_\_

CONFIDENTIALITY AGREEMENT

I agree to use confidential information only as needed to perform my volunteer duties. This means I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to Houston Methodist Hospital. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.

**CONFIDENTIALITY**