



## VOLUNTEER SERVICES

1420 South Central Avenue  
Glendale, CA. 91204-2594  
(818) 502-2372 Telephone  
(818) 409-7781 Facsimile

Dear Parent or Guardian:

As the parent or guardian of a potential student volunteer, I would like to take this opportunity to introduce you to the kinds of duties your student will be involved with as a part of our program. In order to participate in our volunteer program your child must be at least 16 years old and in high school grade 9<sup>th</sup> through 12<sup>th</sup>. He or she will be required to obtain recommendation from a teacher or guidance counselor and submit it with the application. Your child will be expected to attend a general orientation and will be notified of the date. In the days following the orientation, your child will need to schedule a personal interview with me and receive a tuberculosis screening.

Student volunteer will begin their involvement with the hospital by working in various areas throughout the medical center. Some of these assignments may include:

- File clerk assistance in various hospital departments and offices.
- Information desk and/or escort assistance.
- Gift Shop assistance (for responsible teens 16 and up)
- Volunteer Messenger assistance (labeling and stuffing envelopes, photocopying, document shredding, discharging patients, and more.)
- Nursing/patient care unit assistance (for responsible teens 16 and up).
- Various seasonal and special events.

Participating as a volunteer offers your child a variety of opportunities and rewards. It also represents an excellent chance to gain experience for college, resumes, employment applications, and exposure to the workforce. Of course, volunteering can also be very enjoyable for your child, but it is still a serious commitment. With this in mind, I ask that you review our requirements and discuss with your child their ability to make this important commitment.

Your signature on this letter will serve as your acknowledgement and consent of the requirements and the nature of tasks and duties your child will be involved in as a volunteer at Glendale Memorial Hospital. I will be happy to discuss with you any questions or concerns at any time, so please feel free to contact me as necessary.

Very truly yours,

Michelle L. Alan Galanti, MA  
Director, Cardiology, Transportation & Volunteer Services

Student's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_