



Teacher Consent – Youth Volunteer Volunteer Services

HIGH SCHOOL TEACHER OF YOUTH AUXILIARY APPLICANT

Note to Student: Please have any one of your current teachers sign this form and return to you. Return it with the Parent Consent form to Mills-Peninsula Medical Center (see address below). We will call you for an interview when this form, the Parent Consent form and your application have been received by us. Thank you.

Mills-Peninsula Medical Center, Youth Auxiliary
1501 Trousdale Drive, 5th Floor Room 5100
Burlingame, CA 94010

Dear High School Teacher:

In efforts to ensure a safe and productive environment at our hospitals, Mills-Peninsula Medical Center is requiring all new Youth Volunteers to secure the signature from any of their High School Teachers to authorize their participation in our volunteer program.

By signing your name below on this form, you are verifying the applicant student, as stated below, is capable of handling this community service commitment. It is a commitment of at least one year which includes on-site volunteering 3 or 4 hours each week.

Students must have this form signed by a Teacher before they will be contacted for an orientation interview.

Thank you for your cooperation.

Volunteer Services at Mills Peninsula Medical Center
1501 Trousdale Drive
Burlingame, CA 94010
Voice mail: 650-696-2465, option 1
MPHSVolunteerservices@sutterhealth.org

Student Name _____

High School _____

Teacher Name _____

Teacher Signature _____

Teacher Phone Number _____

Teacher Email _____

Date Signed _____