



DH, NMH AND SHARON HOSPITALS

DEPARTMENT OF VOLUNTEER SERVICES

If you are under 18 years of age, you will need to have your Parent/Guardian complete this form to be able to volunteer

HAS MY PERMISSION
TO SERVE AS A DANBURY/NEW MILFORD and SHARON HOSPITAL
STUDENT VOLUNTEER.

I UNDERSTAND THE COMMITMENT HE/SHE HAS MADE, AND I WILL
SUPPORT THIS COMMITMENT.

PRINT NAME OF PARENT
OR GUARDIAN:

SIGNATURE:

RELATIONSHIP
TO STUDENT:

DATE:
