



**CUMBERLAND HOSPICE**

**VOLUNTEER VISITATION**

**PARENTAL CONSENT FORM**

**(This form is only required for an applicant under 18 years of age.)**

Dear Parent or Guardian,

We are excited about your child's interest in volunteering with Cumberland Hospice Volunteer Visitation Program! We are a new, and growing program geared toward developing a support network for individuals and their families within Cumberland County, who face a life-threatening illness.

As an interested participant, your child will complete an application process, including a request for references, Criminal Record Check, and interview. If accepted into the program, your child will undergo Palliative Care training that will consist of both in-person and online modules. As a fully trained volunteer, your child will receive a placement with a palliative patient within Cumberland County.

Placements will be made according to geographical location, interests of volunteers, needs of patients as well as personality and skill sets. Each volunteer experience will be unique. Some will try their hand at cards with patients, while others will help to weed a garden. Some will read when eyesight has failed a patient and others will serve as an assist to one last sewing project. Some will prepare snacks, while others sit and reminisce. Regardless of the duties, all will bring a smile, a presence, an energy and an enthusiasm that will serve to support a resident of our County through an extremely difficult time in their life. Your child wishes to be a part of this support network.

We welcome volunteers ages 16 and over. However, for those between 16 and 18 years of age, to become a volunteer with us, our organization requires consent for their participation.



My signature on this form indicates that I consent to my child volunteering with Cumberland Hospice Volunteer Visitation Program. I understand that my child will be provided with the training necessary for a safe and responsible performance of their role as a Visitation Volunteer. I understand that my child will undergo training at no financial cost to them and they will give of their time freely as a volunteer, with no financial compensation for their service.

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Name of Applicant

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Date

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Name of Parent or Guardian (Please Print)

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Relationship to Applicant

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Signature of Parent or Guardian

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Contact Number

Thank you for your support in the development of a life changing program for those living with a life-limiting illness within our beautiful county. If you have any questions or concerns regarding this program, please don't hesitate to reach out by means of phone or email at the number or address listed below.

Sincerely,

Susan Short, B.Th.

Supervisor of Volunteer Visitation, Cumberland Hospice

902-660-2310

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