

**Informed Consent Form for Program Participants**

WVU Medicine  
Volunteer Services

I agree to take part in the Volunteer Services Program at WVU Medicine. I understand that volunteers are not permitted to provide or assist with direct patient care. Some examples of direct patient care include, but are not limited to, giving medication, bandaging, injections, suturing, and bathing.

If I am unsure of what to do in a given circumstance, I will seek advice from my immediate supervisor. If I feel that my supervisor has not provided me with sound ethical advice, then I will refer to the hospital's compliance plan and I will call the compliance hotline that is included in my orientation packet.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_