



St. Augustine Health Campus
7801 Detroit Avenue
Cleveland, Ohio 44102
(216) 939-7601

AUTHORIZATION AND CONSENT

I hereby release from liability St. Augustine Health Campus and all its representatives for their acts performed in connection with obtaining information and evaluating my qualifications to serve as a Volunteer for St. Augustine Manor and/or St. Augustine Towers. I hereby release from any liability any and all individuals and organizations that provide information to St. Augustine Health Campus or its representatives concerning my competence, character, or other qualifications required for acceptance as a Volunteer and I hereby consent to the release of such information.

I hereby authorize St. Augustine Health Campus to communicate with other entities and individuals concerning knowledge of my competence and character and agree to hold St. Augustine Health Campus and its representatives free of liability therefore.

Volunteer Applicant's Signature

Date

Print Name

Parent/Legal Guardian's Signature

Date