

**Crozer Health**  
**Developmental Objective Agreement for**  
\_\_\_\_\_  
(name of student)

**Education Affiliation Agreement Information**

**Title:** Summer Youth Hospital Volunteer  
**Service Partner:** Crozer Health  
**Semester:** Summer  
**Status:** To be determined  
**Position Description:** Summer Youth Hospital Volunteer  
**Commitment – Hours per week:** 4-8

**Primary Objective**

**General Issue Area:** Healthcare  
**Population Served:** Community  
**Objective:** To be completed by student  
**Describe:** To be completed by student

**Learning Goals**

**Objective:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signatures

|                                    |               |
|------------------------------------|---------------|
| _____<br>Student                   | _____<br>Date |
| _____<br>Crozer Health<br>Hospital | _____<br>Date |
| _____<br>School Administrator      | _____<br>Date |
| _____<br>Parental Signature        | _____<br>Date |