

Crozer-Keystone Health System Developmental Objective Agreement for

(name of student)

Education Affiliation Agreement Information

Title: Summer Youth Hospital Volunteer

Service Partner: Crozer-Keystone Health System

Semester: Summer 2018

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

Student

Date

Crozer-Keystone Health System
Hospital

Date

School Administrator

Date

Parental Signature

Date