Hammond-Henry Hospital
Junior Volunteer Application

Name _____ ❑ Male ❑ Female

Address _____ Grade in Fall _____

City _____ State _____ Zip Code _____

Name of school _____

Name of Parent/Guardian _____

Home phone _____ Mobile phone _____

E-mail _____

Emergency contact _____
(Name/Relationship) (Phone Number)

Special skills/Interests _____

_____

School and community activities, organizations to which you belong _____

_____

_____

Are you interested in a health career? Which area/s? _____

Have you been a Jr. Volunteer at HHH in the past? ❑ Yes ❑ No

Would you be able to volunteer at least 24 hours during the summer? ❑ Yes ❑ No

Do you have reliable transportation to the hospital? ❑ Yes ❑ No

Are any members of your family employees or volunteers in the hospital? ❑ Yes ❑ No

If yes, please list who _____

Do you have any physical limitations, health conditions or infections that can be transmitted to others (patients, co-workers)? ❑ Yes ❑ No

If yes, please specify _____

_____ _____
Junior Volunteer signature Date

Parental Permission

***I give my permission for _____ to
(Name of Junior Volunteer)

participate in the Junior Volunteer program at Hammond-Henry Hospital.

***All employees and volunteers at Hammond-Henry Hospital are required to have a 2-step tuberculosis (TB) test to meet state requirements. After orientation, the TB test is given at the Emergency Room at HHH and there is no cost to the volunteer. I give my consent for the above Junior Volunteer to be given the 2-step TB test at Hammond-Henry Hospital.

❑ Yes ❑ No

***I give my permission for Hammond-Henry Hospital to release to the media for educational, promotional, advertising or news purposes, the name and photo of the above Junior Volunteer.

❑ Yes ❑ No

_____ _____
Signature of Parent/Guardian (if volunteer is under 18) Date

Please mark your preferred shirt size (for Jr Volunteer polo shirt):
Please enclose $10 (checks payable to HHH) to cover part of the cost of the shirt.
The hospital volunteer department will cover the remainder of the cost of the shirt and the embroidering.

❑ Youth Med ❑ Youth Large
❑ Adult Small ❑ Adult Medium ❑ Adult Large ❑ Adult XL
❑ I have a shirt from last year and do not need to order another shirt.

Please **check** the date and time below of the orientation that you plan to attend.
The orientation will be held at Hammond-Henry Hospital. Check in at the front lobby.

❑ Thursday, June 5 10 a.m. - 12 noon (review session – only for teens who volunteered last year)
❑ Friday, June 6 9 a.m. - 12 noon
❑ Tuesday, June 10 1 - 4 p.m.
❑ Wednesday, June 11 9 a.m. – 12 noon

Return this application and $10 for polo shirt no later than Friday, May 23, 2014 to:

Volunteer Office
Hammond-Henry Hospital
600 North College Avenue
Geneseo, IL 61254

If you have questions about the Junior Volunteer program,
please contact Julie West at 309/944-9130.