



2017 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 20 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 tuberculosis (TB) test to meet state requirements. The TB test is given at orientation and there is no cost to the volunteer. After getting the test, volunteers must return to Hammond-Henry Hospital in 48-24 hours to have the test results read. Please check your calendar to be sure you will be available to come to Hammond-Henry 2-3 days after you attend orientation. If you are planning to be out of town, we will schedule your TB test when you return.

I give my consent for the above Junior Volunteer to be given the 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 Hammond-Henry Hospital) to cover part of the cost of the shirt. Hammond-Henry 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 in the first-floor conference room at Hammond-Henry Hospital. (The first door on the left if you enter at the East Entrance.)

- Tuesday, May 30 1 - 3 p.m. (review session – only for teens who volunteered last year)
- Wednesday, May 31 9 a.m. - 12 noon
- Thursday, June 1 9 a.m. - 12 noon
- Friday, June 2 9 a.m. - 12 noon
- Wednesday, June 8 9 a.m. - 12 noon

Return this application and \$10 for polo shirt no later than Friday, May 19, 2017 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.