



Junior Volunteer Application – School year volunteer

Name _____ Male _____ Female _____

Address _____ Grade in Fall 2026 _____

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 healthcare? Which area/s? _____

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

Would you be able to volunteer at least one Saturday morning/ month? Yes No

Do you have reliable transportation to the hospital? Yes No

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 _____

(continued)

Parental Permission (for volunteers under age 18)

***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 1-step tuberculosis (TB) test to meet state requirements. After orientation, the TB test is given by the Employee/ Health Nurse at HHH and there is no cost to the volunteer. I give my consent for the above Junior Volunteer to be given the 1-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 \$15 (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.

Return this application and \$15 for polo shirt to:

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

If you have questions about the Junior Volunteer program, please contact Kathleen Van De Rostyne at 309/944-9130.