



Junior Volunteer Application—2019

Name _____ Male Female

Address _____

Town _____ State _____ Zip Code _____

Name of school _____ Grade in Fall _____

Name of Parent/Guardian _____ Home phone _____

Parent cell phone _____ Jr Volunteer cell phone _____

Email (one you will check often during the summer) _____

Emergency contact _____

Name & Relationship

Phone number

Special Skills and interests _____

School and Community activities, organizations to which you belong _____

Are you interested in a health career? If so, which areas? _____

Have you been a Jr Volunteer at Hammond-Henry in the past? Yes No

Will you be able to volunteer at least 20 hours over the summer? Yes No

Do you have any physical limitations, health conditions or Yes No

infections that can be transmitted to others (patients, co-workers, others) ? If yes, please specify:

Most Jr volunteer assignments will be at Hammond-Henry Hospital in Geneseo. If there are volunteer opportunities at the HHH Regional Health Partners clinics or the HHH Colona Clinic, would you be interested in volunteering at those locations?

- RHP Clinic -Annawan RHP Clinic- Cambridge RHP Clinic-Kewanee HHH Colona Clinic

Please mark your preferred shirt size for a Jr Volunteer polo shirt **Please enclose \$10** (cash or checks payable to HHH) to cover part of the cost of the shirt. The hospital will pay the remainder of the cost of the shirt and embroidering.

- Youth Medium 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.

Junior Volunteer signature

Date

Parent Permission

I give my permission for _____ to participate in the Junior Volunteer program at Hammond-Henry Hospital.
(Name of Junior Volunteer)

All employees and volunteers are required to have a tuberculosis (TB) test to meet state requirements. The TB test is given at orientation and there is no cost to the volunteer. I give my consent for the above named Jr Volunteer to be given the TB test . Yes No

I give my permission for Hammond-Henry Hospital to release the name and photo of the above named Jr Volunteer to the media for educational, promotional , advertising or news purposes.
 Yes No

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

 Date

Please check the date and time of the orientation that you plan to attend. Orientation will be held in the first floor conference room (near the East Entrance) at Hammond-Henry Hospital, 600 North College Ave., Geneseo:

- Monday, June 10, 2019 1:00 p.m. - 3 :00 p.m. (review session—only for teens who volunteered last year)
- Tuesday, June 11, 2019 9:00 a.m. - 12 noon
- Wednesday, June 12, 2019 9:00 a.m. -12 noon
- Thursday, June 13, 2019 9:00 a.m. -12 noon

Generally, you will have the same day and time to volunteer each week. We will begin the week of June 17 and continue through August 10 (8 weeks). Please mark your top 5 preferences below for days/times to volunteer (1st choice = 1, 2nd choice = 2, etc.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9 a.m.—12 noon						
Afternoon 2 p.m.—4:30 p.m.						X
Evening 6—8 p.m.						X

Please list any dates you know you will be unavailable to volunteer. Include dates of band camp, church/sports camps, family vacations, Bible school, swimming lessons or any other activities.

Name _____

Phone _____

Volunteer preferences

Please place an X by the following activities that you would enjoy. Circle your top 3 choices.
(Training is provided.)

Work with patients

- _____ Take juice and water to patients
 - _____ Assist patients on outings, push wheelchairs
 - _____ Take mail/flowers to patient rooms
 - _____ Assist elderly patients with craft activities
 - _____ Read to patients with vision difficulty
 - _____ Play games with older patients (cards, bingo, dominos, Wii, etc.)
 - _____ Answer questions/give directions at the Information Desk, escort patients to appointments
 - _____ Sit with patients at musical programs, serve coffee or juice, push wheelchairs
 - _____ Play an instrument for Long Term Care residents
- What instrument do you play? _____

Behind the scenes

- _____ Alphabetize medical records and reports
- _____ Assemble brochures (copy, cut fold, staple assemble, etc.) put labels on envelopes, assemble packets
- _____ Data entry on the computer (must be accurate)
- _____ Volunteer in the Gift Shop (pricing and arranging items, cleaning, operating the cash register for sales)
- _____ Water flowers and weed flower beds, fill birdfeeders, sweep at entrances and other outside work
- _____ Assist in laundry (fold linens, pick up linens in patient areas, deliver clean linens to areas)
- _____ Surgery Department (assemble patient info packets, lint rolling surgical towels, linen pack assembly)
- _____ Make deliveries throughout the hospital (courier)

Are you available to help on one or more Saturday mornings? Please check the dates that you would be available.

- | | | | |
|---------------|---------------|--------------|--------------|
| _____ June 8 | _____ July 6 | _____ Aug 3 | _____ Aug 31 |
| _____ June 15 | _____ July 13 | _____ Aug 10 | |
| _____ June 22 | _____ July 20 | _____ Aug 17 | |
| _____ June 29 | _____ July 27 | _____ Aug 24 | |



Questions? Call the Volunteer Office at 309/944-9130

Please return this completed application (3 pages) and \$10 for the Jr. Volunteer polo shirt. Applications will be accepted until the positions are filled or until Friday, May 17, 2019.

Return applications to: Julie West, Volunteer Manager
Hammond-Henry Hospital
600 North College Avenue
Geneseo, IL 61254

Questions??? Email: volunteer@hammondhenry.com or call 309/944-9130