



Junior Volunteer Application Checklist

Please use this checklist to ensure all documents are completed to its entirety. Bring the completed application packet along with Vaccination and TB screening records when you come on May 21. You will not be eligible for the program if you do not have all paperwork complete and turned in that evening.

	Application form
	Letter of Recommendation
	Parent Agreement & Volunteer Agreement signed
	<p>Vaccination Records</p> <ul style="list-style-type: none"> ● Proof of immunity to MMR (Measles, Mumps, Rubella) by one of the following methods: <ul style="list-style-type: none"> ○ Verification of 2 doses of MMR separated by at least 28 days ○ 2 doses of Measles and Mumps with at least 1 dose of Rubella ○ Positive blood test to show immunity for each Measles, Mumps, and Rubella ● Proof of 1 Tdap (Tetanus, Diphtheria, Pertussis) vaccine ● Proof of immunity to Varicella by one of the following methods: <ul style="list-style-type: none"> ○ Verification of 2 doses of Varicella separated by at least 28 days ○ Positive blood test to show immunity to Varicella ● Proof of Hepatitis B Protection: <ul style="list-style-type: none"> ○ Verification of 3 doses of Hepatitis B and a positive blood test to show immunity <p><i>**If the volunteer chooses to not obtain a positive blood test to show immunity, a signed Hepatitis B Declination Waiver can be signed by the parent (see attachment).</i></p> <p>Vaccines can be received from the local health department or your primary care provider.</p>
	<p>Negative TB (Tuberculosis) Screening</p> <ul style="list-style-type: none"> ● Proof of 1 of the following negative TB screenings: <ul style="list-style-type: none"> ○ Negative TB blood test within the past 12 months ○ Negative 2-step TB skin test within the past 12 months (2025 Junior Volunteers will have this documentation complete.) ○ Historical positive TB skin test followed by negative chest xray <p><i>**If the volunteer doesn't have proof of one of the above, a blood draw will occur on sign up night to ensure compliance.</i></p> <p>TB skin tests can be received from the local health department or your primary care provider.</p>
	All signatures complete



SCHNECK

2026 Junior Volunteer Application

NAME: _____

Last

First

Middle

ADDRESS: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

MAKE SURE YOUR VOICEMAIL IS SET UP

MOTHER'S INFORMATION NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

FATHER'S INFORMATION NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____

VOLUNTEER INFORMATION

SCHOOL ATTENDING & GRADE COMPLETING: _____

HAVE YOU VOLUNTEERED AT SCHNECK MEDICAL CENTER PREVIOUSLY? YES NO

IF YES, WHEN: _____

HAVE YOU VOLUNTEERED AT ANY OTHER SERVICE AGENCY OR CHURCH? YES NO

IF YES, WHERE AND WHEN: _____

PLEASE GIVE A BRIEF DESCRIPTION OF WHY YOU ARE INTERESTED IN VOLUNTEERING AT SCHNECK MEDICAL CENTER: _____

Please answer the following questions completely. Your answers in the next section will determine the schedule you are assigned, which will be distributed at the mandatory orientation. Once this schedule is complete, it will be difficult to make adjustments, and may result in not having a volunteer position available.

WHICH DAY OF THE WEEK DO YOU PREFER? _____ Time: 8-12 12-4

WHICH DAY IS YOUR SECOND CHOICE? _____ Time: 8-12 12-4

WHAT AREA OF INTEREST DO YOU HAVE IN THE MEDICAL FIELD? _____

JUNIOR VOLUNTEER SIGNATURE

DATE

BY SIGNING BELOW, I GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE THE REQUIRED INFECTION PREVENTION ONBOARDING TESTING AND TREATMENT (i.e. TB screening, chest xray for positive TB screening, titers and/or vaccinations) ALONG WITH VALIDATE ANY OF THE ABOVE INFORMATION TO BE TRUE.

PARENT OR GUARDIAN SIGNATURE

DATE

Please contact Amy Hatton, Volunteer Manager, by calling (812) 522-0439 or email ahatton@schneckmed.org if you have any questions. Thank you for following our guidelines.

RETURN THIS APPLICATION AND ALL REQUIRED DOCUMENTS THURSDAY, MAY 21 IN SCHNECK PROFESSIONAL BUILDING CLASSROOM 500 AT SCHNECK MEDICAL CENTER ANYTIME BETWEEN 5PM AND 7PM. You may park in the parking garage and enter the building on Level 5.



JUNIOR VOLUNTEER PROGRAM

PARENT AGREEMENT

I give my permission for my legal dependent _____ to participate in the Junior Volunteer Program at Schneck Medical Center. I realize the responsibilities of the organization, and will cooperate with my legal dependent to comply with the rules and regulations which have been adopted. I will see that the times he/she is scheduled to work are kept free of interfering activities if possible, and will assume responsibility for their transportation.

My legal dependent's health is such that I feel they are physically able to fulfill the obligations of volunteer service. I understand that in the course of their duties, he/she will enter patient areas of the hospital.

In consideration of the opportunities extended to my legal dependent under the Junior Volunteer Program, I hereby release, remit, discharge, and relieve Schneck Medical Center from any and all claims of whatever nature on behalf of my legal dependent, arising out of and as a result of his/her service at Schneck Medical Center.

Parent or Guardian Signature

Date

JUNIOR VOLUNTEER AGREEMENT

As a Junior Volunteer, I agree to serve regularly each week at Schneck Medical Center and to abide by the rules and regulations which have been adopted. I agree to be courteous and dependable at all times, and to perform faithfully to the best of my ability all duties which are assigned to me.

Junior Volunteer Signature

Date

Return this signed form with your application on May 21, 2026.