



HOSPITAL SISTERS OF ST. FRANCIS FOUNDATION

Thank you for your interest in our Junior Volunteer program. The only health-related requirement is that you show proof of having the Covid vaccine or have a parent sign the attached declination form. Please submit your application and either a copy of your Covid vaccine or the declination form by the deadline of May 1. Applications can be mailed or dropped off at the switchboard at the main entrance in an envelope addressed to Paula Endress.

Please contact Paula should you have any questions at: paula.endress@hshs.org or (217) 324-8200.

1215 Franciscan Drive
Litchfield, Illinois 62056
217-324-2191
www.stfrancis-litchfield.org

*An Affiliate of
Hospital Sisters
Health System*



**Auxiliary of
HSHS
St. Francis
Hospital**

Junior Volunteer Application

Name: _____

Address: _____ (Street) _____ (City and Zip) Email: _____

Home Phone: _____ Cell Phone: _____ Birthdate: _____ Grade Entering: _____

Parent/Guardian: _____ Phone (day) _____

Address: _____ (Street) _____ (City and Zip) Phone (evening) _____

In case of emergency, notify:

Name: _____ Phone: _____

Address: _____ (Street) _____ (City and Zip)

Personal Physician: _____ Phone: _____

Vacation, work, band, camp, sports, and other commitments--include dates and times:

How many total hours a week do you want to work? (maximum 20) _____

Volunteer days preferred (*please circle*): M T W Th F Any

Time of day preferred (*please circle one*): morning hours afternoon hours Any

I need to order a shirt: Circle size: S M L XL XXL

Coordinator: Payment of \$ _____ received on (date) _____

I have a shirt. _____

Signature of Applicant: _____ Date: _____

List any special information for the Junior Volunteer Coordinator:



Hospital Sisters
HEALTH SYSTEM

HSHS COVID-19 Vaccination Written Declination Form

I, _____ CAN NOT RECEIVE A COVID-19 VACCINE.
Print Name

Job Title: Junior Volunteer

Ministry: St. Francis Litchfield

Home Address: _____

Please select 1 of the following options:

OPTION 1

I wish to decline the COVID-19 vaccination at this time due to medical contraindications. I acknowledge that I have read and understand the information on this declination form.

OPTION 2

I wish to decline the COVID-19 vaccination at this time due to sincerely held religious beliefs. I acknowledge that I have read and understand the information on this declination form. **I understand that religious beliefs do not include social, political or economic philosophies, nor do they include personal preferences or opinions based on the effectiveness or risks of vaccine programs.**

I understand that Hospital Sisters Health System recommends that I receive the COVID-19 Vaccine to protect myself, coworkers, patients, visitors and others in the ministries and surrounding community. HSHS has provided me information regarding the benefits and risks of COVID-19 vaccine and provided me the opportunity to ask questions.

I understand that COVID-19 is a serious respiratory disease which involves risk to the health and life of individuals, has caused a pandemic, and significant death globally.

I understand that in the absence of vaccination, I may acquire COVID-19, which may put my family, colleagues, friends, or persons around me at risk resulting in fatal consequences such as illness, disability, or death when exposed. If I have been exposed to an individual with COVID-19, I may be infected with it as well and spread the virus to the people around me.

In light of these matters, I have received information or educational materials with regard to the vaccine against COVID-19.

However, it is my decision to decline the vaccination at this time, regardless of the information that I have received about its importance and the risk of not receiving it. I understand the consequences of my decision, including the continuing risk of endangering my health and to others from being infected due to COVID-19. I understand that I may return any time to receive a vaccination, subject to its availability, should I decide to receive it in the future.

By signing this form, I hereby declare and acknowledge that I have read and fully understand the information on this declination form.

Signature: _____ Date: _____