



Thank you for your interest in our Junior Volunteer Program!

Please read this letter carefully as it outlines the necessary steps to become a Junior Volunteer. To start this process, please have the prospective Junior Volunteer (not the parent) complete the required information, scan and email to JuniorVolunteers@sluhn.org:

- **Registration form**: [click this link](#) to complete the application
- **Read, sign, scan and email to juniorvolunteers@sluhn.org**:
 - *Statement of Commitment*
 - *Junior Volunteer Background Clearances, Consents and Commitments*
 - *Parental Permission, Release and Hold Harmless*
 - *Consent to Release Student Information Form*
- **School Evaluation Form**: take this form to your school teacher or guidance counselor for completion, requesting it be returned to our office within two weeks.

- **Interviews** will be scheduled, after receiving all of the above listed items, on a monthly basis. Notification of the interview date/time will be done via email. If you do not attend the interview without notifying our office prior, we will assume you are no longer interested in participating.

If the completed application package or a phone call is not received, we will assume you are no longer interested in our program. An interview will not be scheduled.

If you have any questions, or feel you are no longer able to commit to volunteer now or in the future, please contact the Volunteer Office, 484-526-4600. Thank you and we look forward to you volunteering with us!

Sincerely,
Volunteer Services
St. Luke's University Health Network



A Parent's Guide for the Junior Volunteer Program

Parental support of your child while participating in the Junior Volunteer Program is a key element to their future success and development. As your child joins our program, our goal is to help prepare them for their future, encouraging and teaching vital job skills such as dependability, responsibility and communication skills with people of various ages, educational backgrounds and cultures. Students also have the opportunity to explore various careers and gain a heightened understanding of what steps are needed to attain those careers.

To help your child succeed as a volunteer, it is important they take ownership of their volunteer experience. To do this, we expect your child to complete paperwork themselves and communicate directly with our department, such as confirming their interview appointment, notifying us of requested days off, late arrivals, changes in schedules or issues that might arise in their departments. These expectations would be the same as for an employer, regardless of age.

It is natural for parents to want to ensure their child's experience is optimal by communicating time off or any issues that may arise, however, it is best for your child to learn how to convey this information directly with us.

As our volunteer program starts at 14, we recognize children of this age may not be familiar or comfortable in having conversations with employees within the hospital. We suggest role playing with your child at home first to help them feel comfortable or writing out suggested talking points to prepare them for their interview and conversations with adults. It is often easy for us, as adults, to make these first steps, but can be intimidating for students.

Please know that all students who participate in our program are treated equally with compassion and understanding that this is a new, unfamiliar experience for them. Please encourage your child to make the phone calls to our office to help familiarize them with adult, work type interactions instead of making the calls or emails for them.

We recognize this is a big step, but it is a key element for your child's future growth and continuation of their education outside of school. We look forward to helping your child grow and participate in our volunteer program – starting with the first step, the interview!

With much appreciation for your understanding,
The University Campus Volunteer Services Team

Statement of Commitment

St. Luke's University Health Network greatly appreciates and relies upon the dependable support of our Junior Volunteers. It is important to note our program requires each student to fulfill a **minimum** of 60 hours (per session). To insure compliance, we will supply a signed/detailed list of hours completed, or write letters of recommendation (both upon request) **only** after the minimum hours are completed.

Summer student volunteers:

- ✓ Junior Volunteers will be assigned two shifts per week, completing a **minimum** of 60 hours with no more than two (2) weeks of absences throughout the entire summer. The Summer Junior Volunteer Program begins the second week of June (or when school ends) and finishes the third or fourth week of August (depending on the first day of school).
- ✓ It is important to review your summer commitments for time away, such as camp, sports, vacation, educational classes/program or other commitments that would prevent you from attaining the required 60 hours minimum. Students who will not be available for more than 2 weeks will not be eligible for our summer program. Please let us know if you desire to be considered for the school year program instead.

Student volunteers starting in the fall or spring:

- ✓ Junior Volunteers will commit to the full session (fall and/or spring), assigned at least one shift (3 to 4 hours in length) per week and complete a minimum of 60 hours with no more than two (2) weeks of absences throughout the entire session.
 - The fall Junior Volunteer Program begins the last week of August and finishes the fourth week of December.
 - The spring Junior Volunteer Program begins the last week of December and ends the first week of June.
- ✓ It is important to review your schedule of extracurricular activities (including school and outside of school) to ensure you are able to complete your school work, activities and commit to volunteering. Please let us know if you desire to be considered for the summer program instead.

By signing this statement, you commit to volunteering at St. Luke's for a minimum of 60 hours as specified.

Student Signature

Date

By signing this statement of commitment, you commit to supporting your child's volunteer service at St. Luke's to fulfill their 60 hour commitment.

Parent/Guardian Signature

Date



Junior Volunteer Background Clearances, Consents and Commitments

Background Clearances, Consents and Commitment

Have you ever been relieved of your assignment or dismissed as a volunteer or employee, resigned to avoid an involuntary termination of assignment or dismissal, or asked to resign in either a volunteer or employment capacity?

Yes No Please explain:

Have you ever been convicted of a felony and/or misdemeanor? Yes No Please explain (add additional paper if needed):

Have you ever been involved in a founded or indicated report of abuse or neglect of children or adults under the laws of Pennsylvania, New Jersey, or any other jurisdiction? Yes No Please explain (add additional paper if needed):

Have you ever been or are you now excluded, suspended or otherwise ineligible from participation in any federally funded health care program - including Medicare or Medicaid - and are you aware of any threatened or potential exclusion from a federally funded health care program? Yes No If yes, please explain.

Have you ever been employed by, or completed an application for employment with St. Luke's Hospital and Health Network? If so, please provide dates of employment or application(s): _____

1. I hereby authorize representatives of St. Luke's University Hospital Health Network ("St. Luke's") to conduct a criminal background check and a thorough investigation of my personal, educational, volunteer and employment history to determine my suitability to serve in the capacity of volunteer, observer or intern. Intending to be legally bound, I hereby waive, discharge and release St. Luke's, its parent, subsidiaries, affiliates, successors and assigns, employees, representatives and agents, as well as all other persons, organizations, institutions or agencies requesting or supplying such information of and from any all claims, demands, liability or responsibility, known or unknown, arising out or relating in any way to the background checking. I understand my placement at St. Luke's is contingent upon background check clearance.

Signature:

Date:

Intending to be legally bound, I agree to the following:

I hereby consent and authorize St. Luke's University Health Network and its affiliates (the "Network") to take photographs and video/audio recordings of me, and/or interview me and to use and reuse the photography/recordings/interview for any and all purposes relating to the promotion of the Network and its services, patient education, community reports, donor materials, or otherwise, whether appearing in newsletters, web pages, forums, advertising, publications, displays, written or audio media releases, or other formats.

I irrevocably release the Network, its employees and agents, from any and all claims or liability arising from or connected with the taking, use, or distribution by the Network of my photography/recordings/interview. I understand and agree that I will not receive any compensation in any form from the Network or from any other source as a result of allowing by photography/recordings/interview to be taken, used, or distributed.

Signature:

Date:

2. I understand that a volunteer is a person who willingly offers to serve without expectation of compensation, payment or employment. As part of my commitment, I will commit to give a minimum of 60 hours, per session, during my volunteer experience.

I agree to take the necessary orientation and training provided by the hospital staff. I will perform my assigned tasks as outlined in my assignment guide to the best of my ability on behalf of St. Luke's University Health Network. I am aware that staff is depending on me to arrive on the scheduled day and time and will be conscientious in reporting all absences. I will attempt to find a substitute if possible. I understand in the performance of my assignment as a volunteer at St. Luke's University Health Network that I must abide by all applicable policies, including the requirement to hold all patient and client information in strict confidence. I understand that any violation of the confidentiality of patient information or any other policy or expectation as determined by St. Luke's in its sole discretion will result in my being relieved of my volunteer assignment. The information that is provided on this application is true, correct and complete to the best of my knowledge.

Signature:

Date:



DEPARTMENT OF VOLUNTEER SERVICES
ST. LUKE'S UNIVERSITY HEALTH NETWORK

PARENTAL PERMISSION, RELEASE AND HOLD HARMLESS FORM

My son or daughter, _____, has my permission to serve as a volunteer at St. Luke's University Health Network ("St. Luke's") as a participant in the Junior Volunteer Program. My signature authorizes the following:

- The release of information of my son's or daughter's school records to the Department of Volunteer Services of St. Luke's Hospital. All information is confidential.
Conduct a criminal background check on my son or daughter.
Have bloodwork to test for Tuberculosis prior to starting as a volunteer and then on an annual basis, as requested.
Administer a flu shot on an annual basis.
Have a photograph taken by St. Luke's employees and/or agents.

Intending to be legally bound, I hereby waive, discharge and release St. Luke's, its parent, subsidiaries and affiliates, successors and assigns, employees, representatives and agents, as well as all other persons, organizations institutions, or agencies involved in the above actions (collectively the "released parties"), of and from any and all claims, demands, liability or responsibility, known or unknown, arising out of or relating in any way to the above actions.

I hereby agree to indemnify and save harmless the released parties, whether identified generally or specifically, from any and all liabilities or claims of any nature whatsoever (including attorneys fees, court costs and related expenses), whether made by me or by any person(s) acting on behalf of me, or by any other individual(s) or entities, which may arise out of or be connected in any way with the above actions.

Street City Zip

Signature (Parent/Guardian) Date Telephone



SCHOOL EVALUATION AND RECOMMENDATION FORM

Dear Parent and Student:

The Department of Volunteer Services requires a School Evaluation and Recommendation form to be completed by a school representative -- a teacher, guidance counselor, principal or coach. **Please read and sign the permission form below and take it to the person of your choice for completion.**

This information will help us evaluate your talents and skills for an appropriate volunteer assignment.

Return this form to the Volunteer Office **as soon as possible. It must be on file prior to the student's interview.**

Thank you for your interest in our program.

Sincerely,
Mrs. Kate Fantasia
Coordinator, Volunteer Services

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CONSENT TO RELEASE STUDENT INFORMATION

_____ has asked to become a volunteer at St.
(Student's Name)

Luke's University Health Network ("St. Luke's"). By signing below, the student and his or her parents/guardians agree that a representative (guidance counselor, teacher, coach, or principal) of the student's school may answer St. Luke's evaluation form with the understanding that St. Luke's will hold this information in confidence.

I authorize representatives of St. Luke's Health Network to contact the individuals I have listed for references regarding my suitability to serve in the capacity of volunteer, observer or intern. Intending to be legally bound, I hereby waive, discharge and release St. Luke's, its parent, subsidiaries and affiliates, successors and assigns, employees, representatives and agents, as well as all other persons, organizations institutions, or agencies involved requesting or supplying such information (collectively the "released parties"), of and from any and all claims, demands, liability or responsibility, known or unknown, arising out of or relating in any way to requesting or supplying such information.

I hereby agree to indemnify and save harmless the released parties, whether identified generally or specifically, from any and all liabilities or claims of any nature whatsoever (including attorneys fees, court costs and related expenses), whether made by me or by any person(s) acting on behalf of me, or by any other individual(s) or entities, which may arise out of or be connected in any way with requesting or supplying such information.

Date

Parent/Guardian Signature

Date

Student Signature

(see other side)



DEPARTMENT OF VOLUNTEER SERVICES
ST. LUKE'S UNIVERSITY HEALTH NETWORK

SCHOOL EVALUATION AND RECOMMENDATION FORM

_____ is interested in becoming a St. Luke's Hospital volunteer.
Student's Name

Your evaluation and comments will help us place a qualified student in an appropriate volunteer assignment that best utilizes his or her talents and skills. All information is confidential. Please return to the Volunteer Office at your earliest convenience. It can be either faxed (484-526-4199), emailed (juniorvolunteers@sluhn.org) or postal mailed (801 Ostrum St. Bethlehem, PA 18015). We will need their evaluation on file before we interview the student. Thank you for your assistance.

Sincerely
Mrs. Kate Fantasia
Coordinator, Volunteer Services

Table with 5 columns: Excellent, Good, Average, Poor. Rows include: Attendance and punctuality, Cooperation with authority, Dependability, Ability to follow instructions, Willingness to accept criticism, Able to assume responsibility, Mental alertness, Maturity to cope with hospital setting, Personal appearance, Mental attitude, Grade average.

Comments: _____

Recommend _____
Recommend with reservation _____
Would not recommend _____

School & Representative's Signature Date

School

PLEASE RETURN THIS FORM TO THE VOLUNTEER OFFICE: juniorvolunteers@sluhn.org .