



UNIVERSITY HEALTH NETWORK

DEPARTMENT OF VOLUNTEER SERVICES

Dear Prospective Volunteer:

Thank you for your interest in our volunteer program! We believe you will find volunteering for St. Luke's University Health Network to be a rewarding experience while using your valuable talents and skills. We greatly appreciate the contributions given by our volunteers and offer many benefits, such as discounted gym memberships and programs, free meals, recognition events and much more!

Volunteering at St. Luke's is an exciting opportunity **and easy** to start! Below is a brief overview of the steps to start:

- Complete the enclosed application and return to the Volunteer Department
- Give the personal reference forms to two people who can objectively describe your work and interpersonal skills. Please ask each reference to complete and return the form as quickly as possible. *Interviews will not be conducted until both reference forms are received.*
- Expect a call from the Volunteer Services Department to schedule an interview to learn how your time can make a difference!
- An orientation session will be scheduled, acquainting you with volunteer guidelines, familiarize yourself with the hospital environment and share exciting benefits you will receive as a volunteer.

Health history and Criminal Clearances required by many healthcare organizations:

- All volunteer assignments at St. Luke's require immunity to certain diseases as well as a Tuberculin Test as well as several strongly recommended vaccines, all of which will be reviewed during your interview.
- All volunteer assignments require criminal clearances to be completed. To protect your privacy, prospective volunteers will be provided a step by step form explaining how to complete the clearance, which is then supplied to the Volunteer Office. Volunteers are reimbursed upon completing 100 hours at St. Luke's Hospital.

It is important to note that volunteering for St. Luke's does not guarantee future paid employment as Volunteer Services and Human Resources are separate departments. Volunteers are trained and mentored by staff and managers; however, they do need to be independent in handling assigned tasks. If you have any questions, please contact our office.

We look forward to meeting and learning more about you!

~ St. Luke's Volunteer Leadership Team



ADULT VOLUNTEER REGISTRATION FORM

Allentown Anderson Bethlehem Miners Monroe Quakertown VNA/Hospice Warren

First Name:	MI	Last Name:	Birth Day/Month:
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Address:

City:	State:	Zip:
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Home Phone:	Cell Phone:	E-mail:
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Highest Grade Completed:	Work Experience (current or retired):
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Current/Previous Volunteer Experience:

Administrative Telephone Arts/Crafts Other _____

Writing Teaching Audio-Visual

SKILLS: (Check where appropriate)

Typing Foreign Languages (specify): _____

Computer Public Speaking Medical Terminology

Other:

Would you be willing to do Special Projects/short term assignments? Yes No

Health Status

Do you have any allergies (including medicine)? Yes No Please List:

Are there any job functions you cannot or do not want to perform? Yes No
Please explain:

Emergency Contact Information

Name:	Relationship:
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Home Phone:	Work Phone:
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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: _____

Please complete the next page

Background Clearances, Consents and Commitment (continued)

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 100 hours 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: _____

Volunteer Availability:

Shift: Morning Afternoon Evening | Day: Sun Mon Tues Wed Thurs Fri Sat

Amount of Patient Contact: Direct Some None | Assignment Preference: _____

FOR VOLUNTEER OFFICE USE ONLY INTERVIEW SUMMARY

Interviewer: _____ Date of Interview: _____ Orientation: _____

Assignment	Day	Time	Training Date/Time	Starting Date
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Assignment	Day	Time	Training Date/Time	Starting Date
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**Confidential Reference Form for Adult Volunteers
Reference 1 (page 1)**

_____ (applicant to fill in name) has applied for a volunteer position at a facility within the St. Luke's University Health Network ("St. Luke's") and he/she has requested that you serve as a reference. Hospital volunteers must be self-motivated, dependable, of good character and be able to work independently with people of all ages and cultures. Please complete this reference form and return to the appropriate campus, listed below, so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. **All information you supply will be kept confidential. Please note that the applicant will not be accepted until references are completed.**

Applicant should check off the desired site of volunteer service and sign below:

- | | |
|---|--|
| <input type="checkbox"/> St. Luke's Hospital--Allentown Campus
1736 Hamilton Street
Allentown, PA 18104
610-628-8495
Fax: 610-628-8398 | <input type="checkbox"/> St. Luke's University Campus
801 Ostrum Street
Bethlehem, PA 18015
484-526-4600
Fax: 484-526-4199 |
| <input type="checkbox"/> St. Luke's Hospital--Anderson Campus
1872 Riverside Circle
Easton, PA 18045
484-503-0300
Fax: 484-503-0301 | <input type="checkbox"/> St. Luke's Miners Memorial Hospital
360 West Ruddle Street
Coaldale, PA 18218
570-645-8201
Fax: 570-645-8118 |
| <input type="checkbox"/> Visiting Nurse Association of St. Luke's
240 Union Station Plaza
Bethlehem, PA 18015
484-526-7124
Fax: 484-526-7199 | <input type="checkbox"/> St. Luke's Monroe Campus
100 St. Luke's Lane
Stroudsburg, PA 18360
272-212-0300
Fax: 272-212-0025 |
| <input type="checkbox"/> St. Luke's Warren Hospital
185 Roseberry Street,
Phillipsburg, NJ 08865
908-859-6728
Fax: 908-387-6114 | <input type="checkbox"/> St. Luke's Quakertown Hospital
1021 Park Avenue
Quakertown, PA 18951
215-538-4846
Fax: 215-529-5293 |

Authorization and Release:

I, the undersigned applicant, hereby grant you, the reference source, permission to complete this form and return it directly to St. Luke's without notice to me. St. Luke's has my permission to investigate my personal, criminal, child abuse, educational and employment background and history and to contact persons, organizations, institutions or government agencies who may have knowledge of me. In consideration for St. Luke's reviewing my application for a volunteer position, and intending to be legally bound, I hereby release St. Luke's, its parent, subsidiaries, affiliates, trustees, officers, representatives, employees and agents, from any and all claims or liability, known or unknown, arising from St. Luke's investigating my background and all persons, organizations, institutions or government agencies supplying such information.

Print Name

Signature

Date

Prospective Volunteer's Name _____

Thank you for your assistance in providing information to help determine if St. Luke's is the right place for this prospective volunteer.

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. Please describe the applicant's interpersonal skills? (Dependable, able to follow directions, caring, etc.)
4. Describe the applicant's greatest strengths.
5. Describe the applicant's reliability and willingness to make a commitment to volunteering.
6. Personal cleanliness and a neat appearance are important in a Health Care environment. Does the applicant meet these qualifications?
7. Is the applicant able to keep information confidential?
8. How does the applicant respond in a stressful environment?
9. Are you aware of any potential problems or situations that may limit the applicant from volunteering?
10. Do you have any reservations about recommending the applicant for placement in a healthcare setting such as ours? No ___ Yes ___ If yes, please explain

Additional comments:

Your name: _____ *(Print please)*

Your telephone number: _____

Signature: _____ Date: _____

Please mail or fax reference to the St. Luke's facility indicated on the first page.



Confidential Reference Form for Adult Volunteers
Reference 2 (page 1)

_____ (applicant to fill in name) has applied for a volunteer position at a facility within the St. Luke's University Health Network ("St. Luke's") and he/she has requested that you serve as a reference. Hospital volunteers must be self-motivated, dependable, of good character and be able to work independently with people of all ages and cultures. Please complete this reference form and return to the appropriate campus, listed below, so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. **All information you supply will be kept confidential. Please note that the applicant will not be accepted until references are completed.**

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Fax: 272-212-0025 |
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Print Name

Signature

Date

Prospective Volunteer's Name _____

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10. Do you have any reservations about recommending the applicant for placement in a healthcare setting such as ours? No ___ Yes ___ If yes, please explain

Additional comments:

Your name: _____ *(Print please)*

Your telephone number: _____

Signature: _____ Date: _____

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