



240 Union Station Plaza
Bethlehem, PA 18015

Prospective St. Luke's Hospice Volunteer

Thank you for your interest in volunteering for St. Luke's Hospice Team. Volunteers are valued members of our St. Luke's Hospice Care Team. Our volunteers provide an invaluable support to our patients and their families in a variety of ways. Volunteering can be done at patient's homes, nursing facilities, St. Luke's Hospice House, our regional offices and even from your own home. Volunteers for St. Luke's Hospice must be age 18 years or older and cannot have had a significant loss in their lives in the 12 months prior to applying to volunteer.

Getting started is easy.

- Complete Adult Volunteer Registration Form (page 2 & 3)
- Obtain 2 Personal References (Forms on pages 4-7) – Give the personal reference forms to two people who can objectively describe your work and interpersonal skills.
- Completed application and two references must be received before Interview can be scheduled.
- Telephone interview will be scheduled with St. Luke's Hospice Volunteer Services.
- After interview is completed, volunteers must complete all required background checks and health/immunization history documents. A step-by-step packet will be sent to the prospective volunteer to complete all required background and health information.

It is important to note that volunteering for St. Luke's Hospice does not guarantee future paid employment with St. Luke's University Health Network 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 St. Luke's Hospice Volunteer Services at 484-526-2779.

Please forward completed volunteer registration application and reference forms to:

By Mail: St. Luke's Hospice Volunteer Svcs, 240 Union Station Plaza, Bethlehem, PA 18015

By Email: bethany.gray@sluhn.org

By Fax: 484-526-2820



ADULT VOLUNTEER REGISTRATION FORM

Allentown
 Anderson
 Bethlehem
 Easton
 Geisinger St. Luke's
 Home Health/Hospice
 Lehighton
 Miners
 Monroe
 Quakertown
 Sacred Heart
 Upper Bucks
 Warren

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

Address:

City:	State:	Zip:
-------	--------	------

Home Phone:	Cell Phone:	E-mail:
-------------	-------------	---------

Highest Grade Completed:	Work Experience (current or retired):
--------------------------	---------------------------------------

Current/Previous Volunteer Experience:

<input type="checkbox"/> Administrative	<input type="checkbox"/> Telephone	<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Other _____
<input type="checkbox"/> Writing	<input type="checkbox"/> Teaching	<input type="checkbox"/> Audio-Visual	

SKILLS: *(Check where appropriate)*

<input type="checkbox"/> Typing	<input type="checkbox"/> Foreign Languages <i>(specify):</i> _____
<input type="checkbox"/> Computer	<input type="checkbox"/> Public Speaking <input type="checkbox"/> Medical Terminology <input type="checkbox"/> 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:
-------	---------------

Home Phone:	Work Phone:
-------------	-------------

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): _____

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



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.

Applicants, please mark the desired location you would like to volunteer and sign below.

Please forward references for all hospital campuses to:
801 Ostrum Street, Bethlehem, PA 18015
Office: 484-526-4600/Fax: 484-526-4199

- Checkboxes for various hospital campuses: Allentown Campus, Anderson Campus, Bethlehem/University Campus, Easton Campus, Geisinger St. Luke's Campus, Lehighon Campus, Miners Memorial Campus, Monroe Campus, Quakertown Campus, Sacred Heart Campus, Upper Bucks Campus, Warren Campus.

Home Health and Hospice volunteer references should be sent to:
St. Luke's Home Health and Hospice
240 Union Station Plaza, Bethlehem, PA 18015
484-526-7124; Fax: 833-536-5290

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.

Email Address: _____

Print Name Signature Date



CONFIDENTIAL REFERENCE FORM 1 (page 2)

Prospective Volunteer's Name & Email Address: _____

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.

Applicants, please mark the desired location you would like to volunteer and sign below.

Please forward references for all hospital campuses to:
801 Ostrum Street, Bethlehem, PA 18015
Office: 484-526-4600/Fax: 484-526-4199

- Checkboxes for various hospital campuses: Allentown Campus, Anderson Campus, Bethlehem/University Campus, Easton Campus, Geisinger St. Luke's Campus, Lehighon Campus, Miners Memorial Campus, Monroe Campus, Quakertown Campus, Sacred Heart Campus, Upper Bucks Campus, Warren Campus.

Home Health and Hospice volunteer references should be sent to:
St. Luke's Home Health and Hospice
240 Union Station Plaza, Bethlehem, PA 18015
484-526-7124; Fax: 833-536-5290

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.

Email Address: _____

Print Name Signature Date



CONFIDENTIAL REFERENCE FORM 2 (page 2)

Prospective Volunteer's Name & Email Address: _____

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.