

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
Have you ever been convicted of a felony and/or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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): _____

Parental Permission and release to hold harmless:

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:

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.
2. 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.
3. 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 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.
4. I understand that in order to volunteer, my child will need to have a TB Test (either through bloodwork or skin testing) and annual seasonal flu shot and will accompany my child to have these completed.
5. I understand that as part of my volunteer experience, I may be exposed to seeing graphic depictions of individuals or body parts, medical tests/procedures, etc and assume any and all risk.

Signature (Parent/Guardian)

Date

Telephone