



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 online registration form at this [link](#).
- 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



**Confidential Reference Form for College Student 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.*

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

CONFIDENTIAL REFERENCE FORM 1 (page 2)

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 scan and email this reference to volunteers@sluhn.org.



**Confidential Reference Form for College Student 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.*

Authorization and Release:

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Print Name

Signature

Date



CONFIDENTIAL REFERENCE FORM 2 (page 2)

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 scan and email this reference to volunteers@sluhn.org.