

Student and Parent Commitment to Volunteering

St. Luke's University Health Network greatly appreciates and relies upon the independent and responsible support of our Junior Volunteers while providing educational opportunities and career exploration. We focus on reinforcing soft skills needed for future employment.

How parents/guardians can prepare students for their volunteer experience:

- Practice/role play communication skills, write down questions in advance of calling or emailing the department.
- Students should make all calls/emails themselves. Parent/Guardian inquiries to our department will be redirected requesting the child be the point of contact.
- Guide students as they complete the application package themselves using their own phone number/email address. If they don't have an email account, now is a great time to create one.
- Remind your student to check their voice or emails (including spam/junk folders) daily, being prompt, responsible and professional in responding to inquiries from our department.
- Students completing information provided accurately helps demonstrate responsibility and attention to detail.

How these aspects are important as a volunteer at St. Luke's:

- Students will be communicating and working directly with patients, visitors and staff.
- Following directions and being detail oriented ensures safety for themselves and our patients.
- Communication and demonstrating responsibility are required skills for college or employment opportunities.
- Human Resources requests references from Volunteer Services about the student's future employment.
- Completing the volunteer application and onboarding package should be given the same level of detail as completing a school project.

Students are expected to appropriately interact with patients, staff and visitors and adhere to St. Luke's policies, procedures and code of conduct.

Summer student volunteers commitment:

- ✓ 60 hour commitment: assigned two shifts (3 – 4 hours) weekly, with no more than two weeks of absences, beginning the 2nd week of June (or when school ends) and finishing the end of August (right before the first day of school).
- ✓ Review your summer commitments for time away, such as camp, sports, vacation, educational classes/program or other commitments. Students who need more than 2 weeks off will not be eligible for our summer program.

Fall or spring student volunteers:

- ✓ 60 hour commitment: assigned one shift (3 – 4 hours) weekly entire fall and/or spring session for the duration of the session with no more than two weeks of absences.
 - The fall program begins the last week of August and finishes December 31.
 - The spring program begins January 2 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 schoolwork, activities and commit to volunteering.

By signing this statement, students and parents/guardians commit and agree to the Student Volunteer expectations. A detailed list of hours will not be supplied if a student does not meet the minimum hour requirement and/or does not follow policies & procedures.

Student Name

Date

Parent/Guardian Name

Date

Student Signature

Parent/Guardian Signature

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

PATIENT LABEL AREA



COMMITMENT TO PRIVACY & CONFIDENTIALITY

I understand that by virtue of my role as an employee, contractor, observer, intern, volunteer or other authorized individual (collectively "status") with St. Luke's University Health Network, its subsidiaries and/or affiliates (collectively "St. Luke's"), I am considered a member of St. Luke's "workforce", and am required to comply with the policies, procedures, and rules of St. Luke's, including those regarding privacy and confidentiality, as described below.

All members of the workforce are legally and ethically responsible for maintaining the confidentiality of patient protected health information ("PHI"), whether it be verbal, written, or electronic, as required by Federal law, the Health Insurance Portability and Accountability Act, and applicable state law. PHI regarding a patient of St. Luke's includes any information acquired in the course of a professional/patient relationship. This includes the fact that an individual is a patient and information contained in the patient's medical or billing record. I understand that I may not discuss such information whether inside or outside of St. Luke's, and whether to another member of St. Luke's workforce or any other party, unless it directly applies to my status at St. Luke's, and I am required to do so. In such an event, I will disclose only the minimum amount of information necessary for a patient's care or to perform my specifically assigned duties. All PHI retrieved from electronic devices must be relevant to my specific responsibilities at St. Luke's and held in strictest confidence. No PHI may be accessed for any reason other than my specifically assigned duties.

I also understand that I may be provided or may have access to information, records or other material which may contain personal, private, or confidential information of individuals or of St. Luke's, the disclosure of which is prohibited by applicable law and/or St. Luke's policies. This information may include, but is not limited to, information and communications regarding the plans, patients, services, markets, developments, strategies, or practices of St. Luke's, and other information that is confidential or proprietary to St. Luke's that St. Luke's wishes to remain private and proprietary (collectively "Confidential Information").

As a condition of my status, I promise and agree that:

- I will take all necessary steps to maintain the privacy and confidentiality of the Confidential Information and PHI both during and after the termination of my status with St. Luke's.
- I will disclose the Confidential Information only to the extent necessary in connection with my status and assignments at St. Luke's and in accordance with St. Luke's policies, as may be amended from time to time, and will only disclose the PHI as specifically described above; I will not otherwise use or disclose the Confidential Information or PHI.
- I will not erase or modify a data record or data entry from any record, report or file, or remove any record, report or file from the site where it is maintained.
- I will not share or reveal the Confidential Information to any individual(s) who does not need to know.
- In addition to the above expectations, I will adhere to any additional or more specific requirement(s) relating to privacy and confidentiality that may be imposed by any applicable law, contract, or policy.

I acknowledge that my willful or unauthorized disclosure of the Confidential Information or PHI either during or after my status terminates with St. Luke's may result in corrective action, up to and including the termination of my status with St. Luke's and may also subject me to any and all applicable criminal or civil penalties.

Signature: _____ Date: _____

Printed Name: _____

