



Volunteer Services
915 E. 1st Street – 3rd Floor
Duluth, MN 55805
218-249-5344/218-249-5343

For Office Use:
Date Received: _____
Reference Sent: _____
Contact: _____
Interview/Orientation: _____
Background check #: _____
Badge #: _____

Junior Volunteer Application
Applications are due Friday, April 14, 2017

Please complete, sign and return this application along with the completed recommendation form and a copy of your Minnesota Driver's License/Permit or State ID (if you have one) or a copy of your current Student ID to the above address or e-mail to Sue.Cooper@slhduluth.com

A limited number of volunteer positions are available – apply early!

After the first 40 applications have been received, additional applicants will notified and put on a waiting list.

St. Luke's welcomes applicants 15-18 years old for our Junior Volunteer Program. As a Junior Volunteer, we hope you experience the personal satisfaction of helping others and gain valuable work experience.

- **You must be 15 years old by September 1, 2017.**
- Complete T-Spot test (blood draw) screening for tuberculosis (**Under 18-parent must be present for draw**)
- Participate in an interview
- Attend required orientation (new volunteers only)
- **New** - Complete Minnesota Background Study – new and returning volunteers

PLEASE PRINT LEGIBLY OR TYPE

Name: _____
(First) (Middle) (Last)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____

Home Phone #: _____ Applicants Cell #: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

School activities you participate in: _____

Non-school groups or organizations you participate in: _____

Prior Experience:

(1) Volunteer

Position: _____ Duties: _____

Position: _____ Duties: _____

(2) Employment or Other

Position: _____ Duties: _____

Position: _____ Duties: _____

Hobbies/Leisure Activities: _____

Why have you decided to apply to volunteer? What do you hope to achieve by volunteering?

You are required to volunteer one morning or afternoon a week for at least 7-8 weeks in the summer
(9 weeks or more is preferable)

Check the weeks you WILL volunteer:

Do not check weeks you have family vacations, summer camps, summer/fall sports practices, games, etc)

Week of June 13____ 19____ 26____

Week of July 3____ 10____ 17____ 24____ 31____

Week of August 7____ 14____ 21____ 28____

The FIRST day I can start to volunteer is: _____

The LAST day I can volunteer is: _____

(consider fall sports/activities practice schedules when indicating you last day available)

At which St. Luke's location do you prefer to volunteer: (if positions are available)

___ St. Luke's Hospital ___ Mariner Medical Clinic ___ Mt. Royal Medical Clinic
___ Denfeld Medical Clinic (or Central Business Office) ___ Miller Creek Medical Clinic
___ Lakeview Clinic in Two Harbors ___ St. Luke's Hillside Clinic

Please circle ALL the days and times you are AVAILABLE to volunteer:

(you will likely be assigned to volunteer one morning or one afternoon per week)

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

Volunteers Areas

Please rate the areas that interest you most from 1 – 4 with one being your first choice:

___ **Providing Services to Visitors**

Example:

Day Surgery Waiting Area- assemble patient charts, escort patients and visitors, answer phones, date entry

Information Desk- direct and escort patients and visitors to locations as requested

___ **Assisting Staff or Volunteers**

Examples:

Clerical/Copy Center/Storeroom - coping, folding, stuffing envelopes, labeling, sorting, filing, deliveries

Computer Data Entry- simple data entry for various departments

Admitting - deliver patient mail, help people with directions around campus, return wheelchairs to departments or information desks and other errands

___ **Gift Shop Floor Clerk and Cashier**

Example:

Gift Shop Floor Clerk & Cashier- assist customers with purchases, restock shelves and assist in keeping shop clean and orderly, price merchandise as directed, wrap and bag merchandise, use cash register and credit card machine

___ **Patient Care Area Volunteer**

Examples:

Book cart- provide patients and visitors with reading materials or other items available

Nursing Units- provide units with assistance, clerical support and patient care related tasks

Example: Flower Delivery: deliver flowers to patients in their rooms

* There are additional positions not listed that are filled on an as-needed basis.

APPLICANT SIGNATURE

I am willing to be trained and supervised by Volunteer Services Staff, St. Luke's Hospital Staff and St Luke's Adult Volunteers. I understand that I will be considered an important member of the St. Luke's Volunteer Team and will be expected to fulfill my commitments including attendance. I verify that the information on this volunteer application is true.

I agree that my typed signature will be the electronic representation for my written signature for all purposes.

Signature of Applicant: _____ **Date:** _____

You will be given a volunteer polo shirt. What adult size is needed? S M L XL XXL

PARENT OR GUARDIAN PERMISSION

My child has my permission to volunteer at St. Luke's. In case of a work-related accident, I allow my child to be evaluated and treated at St. Luke's. I understand the responsibility of a junior volunteer and I will encourage his/her promptness and regular attendance. I agree that my typed signature will be the electronic representation for my written signature for all purposes.

Please check one:

_____ I **grant** my permission for St. Luke's Volunteer Services to display and/or publish photographs, interviews, and/or videotapes of my child (for example, St. Luke's website, social media, employee and volunteer newsletters).

_____ I **decline** my permission for St. Luke's Volunteer Services to display and/or publish photographs, interviews and/or videotapes of my child.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

Returning Junior Volunteers Only:

I have volunteered in the following area(s) at St. Luke's _____

I need a new Polo shirt. What adult size: S M L XL XXL



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RECOMMENDATION FOR VOLUNTEER SERVICE

(Please have a counselor, teacher or other adult not related to you complete this form)

Thank you for completing this form honestly and accurately as it will help us evaluate the student's abilities and suitability for volunteer positions in a healthcare setting. Our goal is to place volunteers in positions that are rewarding and give them optimal opportunity to successfully complete the duties. This form can be returned to the applicant, mailed to above address or e-mailed to Sue.Cooper@slhduluth.com by Friday, April 14, 2017.

_____ (name of potential volunteer) has applied to become a Junior Volunteer at St. Luke's.

How long have you known this applicant and in what capacity? _____

Please provide information on the following traits of this applicant:

Reliability _____

Cooperation _____

Emotional Maturity _____

Judgement/Common Sense _____

Describe applicant's personality _____

How well would this applicant serve at St. Luke's where he/she may be in contact with visitors, patients & staff?

Name: _____

Signature: _____ **Date:** _____

Relationship: _____

If you have questions, please contact Mary Matlack, Director of Volunteer Services @ 218-249-5343 or Mary.Matlack@slhduluth.com