Thank you for your interest in St. Luke's Regional Medical Center! We have programs for youth aged 14-18 at St. Luke’s Regional Medical Center, the **Junior Volunteer Program** and the **Summer Volunteer Program**. Enclosed is information to help you decide which program best suits your goals, needs, and time availability.

**Requirements of Membership for the Junior Volunteer Program and Summer Volunteer Program:**

- **Must** be at least **14 years old** at time of application
- **Must** have a **minimum 2.5** grade point average
- **Must** show verification of **two MMR shots** since birth
- **Must** show verification of a **negative TB test** (proof to be included with application materials)
- **Must** be neat and well-groomed
- **Must** be trustworthy, dependable, honest, courteous, pleasant, and punctual
- **Must** adopt a professional attitude and behavior

**To apply for membership, please complete the following forms and return to the Junior Volunteer Coordinator:**

1. Your completed **Application Form**, **signed** by parent or guardian.
2. The **School Report Form** completed by a counselor and mailed directly to the Volunteer Office. The properly signed and witnessed **Waiver Form** should be signed and **given to your counselor** with the School Report Form.
3. **Recommendations** from each of the two adult **non-family member** references you listed on the Application Form. It is courteous to give your references stamped envelopes addressed to the Volunteer Office for their convenience in mailing their recommendations as quickly as possible.
4. **Proof of 2 MMR** (Measles, Mumps, Rubella) shots since childhood, is required to complete your application. If you have not had **2 MMR shots** since childhood, please do so. Please mail us a copy of your immunization record or documentation from your doctor’s office.

A personal interview will be scheduled AFTER all of your papers have been received and **when space is available in our program**. We usually have a waiting list. You will not be placed on the waiting list until all of your application forms have been received, including the proof of MMR immunization. **Please note:** Preference is given to our “on-call” volunteers, who have participated in our summer volunteer program. Once all of those members have entered the regular program, we take applicants from our waiting list. Our Volunteer Coordinator, Sharon Aalbers, may be reached at 381-2988 and will be happy to answer any questions you might have.

**Please send application forms to:**

Volunteer Office  
Youth Programs  
St. Luke's Regional Medical Center  
190 E. Bannock  
Boise, ID  83712
**St. Luke’s Junior and Summer Volunteer Programs**

The Junior Volunteer Program consists of 100 student volunteers, both young men and women, age 14-18, who give their time to help St. Luke's provide the highest care for its patients. During the summer, membership increases to about 150, including about 50 “summer volunteers.” Junior Volunteers assist patients, visitors, and staff in a variety of ways, often bringing a smile and adding that *extra touch* to everything they do. Summer volunteers will perform the same duties as our regular junior volunteers.

Because our volunteer needs are greater during the summer than they are during the school year, we *cannot keep all summer program volunteers when summer ends*. Summer volunteers have the option of ending their volunteer commitment at the end of the summer, or they may choose to go onto our on-call volunteer list. If a summer volunteer chooses to go onto the on-call list, they will be contacted by our office or by other volunteers if a sub is needed or if we need extra volunteers for special events. Then, when a space opens up in the program, the volunteer will be notified and can become a member of the regular junior volunteer program. Preference for entry will be given to summer volunteers, over others on the regular waiting list.

**General Information**

- Orientation is required for each new group of volunteers, usually a group of ten or more students.

- This orientation covers safety, hospital history and policy, as well as a tour of the hospital.

- Members train with experienced volunteers before working alone or with other new members.

- Membership dues are $35.00 and are paid at the beginning of service. They include the Junior Volunteer Uniform. $10.00 is refundable if the uniform is returned. **Summer Volunteers:** Membership dues are $25.00 and are paid at the beginning of service. They include the Junior Volunteer Uniform. $10.00 is refundable if the uniform is returned at the end of the volunteer’s commitment. When joining the regular junior volunteer program, an additional $15.00 will be owed, for regular program dues.

- Junior volunteers work a minimum of 8 hours per month during the school year and a minimum of 12 hours per month during June, July, and August. Meetings will be held for all Junior Volunteers on a monthly basis or as needed. Attendance is mandatory for all Junior Volunteer meetings.

- **Summer volunteers work from the last day of school in June until the first day of school in August, only.**

**Services performed by Junior and Summer Volunteers**

- **Dismissal:** Juniors assist in wheelchair dismissal of most patients. *Monday-Friday, 5:00-7:00 p.m., Saturdays 9:00 a.m.-1:00 p.m., 1:00 p.m.-5:00 p.m. or 10 a.m.-2:00 p.m. (Extended shifts in summer).*

- **Flower Delivery:** Juniors deliver flowers, mail, and cards to patients. *Monday-Friday 5:00-7:00 p.m., Saturdays 9:00 a.m.-1:00 p.m., 1:00 p.m.-5:00 p.m. (Extended shifts in summer).*

- **Patient Visitation:** Juniors visit patients and provide games, magazines, and companionship to patients. *Saturdays 10:00 a.m.-noon, 2:00 p.m.-4:00 p.m., Sundays variable hours.*

- **Gift Shop:** Juniors assist in the Auxiliary Gift Shop. Junior Volunteers who have shown responsibility and dependability in other services first and who have volunteered a minimum of 50 hours work this service. *Monday-Friday, 5:00 p.m.-7:30 p.m.; Saturdays, 9:00 a.m.-1:00 p.m., 1:00 p.m.-5:00 p.m. (Extended shifts in summer).*
- **Office:** Juniors do a variety of activities to assist the daily operations of the Volunteer Office including answering phones, typing, and other special projects. *Monday-Friday, 5:00 p.m.-7:00 p.m., Saturdays 9:00 a.m.-1:00 p.m., or 1:00 p.m.-5:00 p.m. (Extended shifts in summer).*

- **Pediatrics:** Experienced Juniors with over 50 hours provide assistance by playing with patients and siblings on our Pediatrics (Children's) Unit. Peds volunteers also assist staff in other ways, as needed. Requires a minimum of 50 hours of service and a demonstrated ability to be completely reliable and responsible. *Monday-Friday, 5:00-7:00, Saturdays 10:00 a.m.-noon., 2:00 p.m.-4:00 p.m. (Extended shifts in summer).*

- **Reception Desk:** Experienced Juniors with over 50 hours greet visitors, help give directions, and use a computer to give patient information. This volunteer is a greeter in the lobby and must have good people skills. *Monday-Friday, 5:00-7:00, Saturdays 9:00 a.m.-1:00p.m, 1:00p.m. -5:00 p.m. (Extended shifts in summer).*

- **Meridian St. Luke’s:** Juniors work a variety of services at our Meridian site during the summer. Juniors can assist with the immunization clinics and car seat inspections year-round.
RECOMMENDATION FOR MEMBERSHIP
St. Luke’s Regional Medical Center
Confidential

(Name)________________________________________ has applied for membership in The Junior Volunteer Program at St. Luke’s. To help us know the applicant better, please complete the following form. Your evaluation will remain confidential.

Signature of person giving recommendation________________________________________ Date_______

Address_______________________________________________________ Phone____________________

How do you know applicant? __________________________________________ How long? ________

Please rate the applicant in each of these areas. Remember that this student will be working in a hospital environment:
5-Superior      4-Above Average      3-Average       2-Needs improvement      1-Poor

Friendly and personable ________
Shows caring and compassion for others ________
Is honest and trustworthy ________
Able to work well with others—shows teamwork ________
Eager to help others ________
Shows respect for rules and professional environment ________
Shows respect for people ________
Time Management—follows through on commitments ________
Responsible ________
Able to solve problems ________
Carries out instructions ________
Able to work without supervision ________
Compatible with peers ________
Compatible with adults ________
Confident ________

Please Comment

Return this form to: Volunteer Office, Youth Programs, St. Luke’s, 190 E. Bannock, Boise, ID, 83712
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Address_______________________________________________________Phone____________________

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Shows caring and compassion for others    _______
Is honest and trustworthy    _______
Able to work well with others—shows teamwork    _______
Eager to help others    _______
Shows respect for rules and professional environment    _______
Shows respect for people    _______
Time Management—follows through on commitments    _______
Responsible    _______
Able to solve problems    _______
Carries out instructions    _______
Able to work without supervision    _______
Compatible with peers    _______
Compatible with adults    _______
Confident    _______

Please Comment

Return this form to: Volunteer Office, Youth Programs, St. Luke’s, 190 E. Bannock, Boise, ID, 83712
(Name)___________________________________________________ has applied for membership in St. Luke's Junior Volunteer Program. To help us know the applicant better, please complete the following form. Your evaluation will remain confidential.

Applicant's G.P.A. _______________ Days Missed _______________ Tardies___________

Above is for the time period from ___________ to ___________

Please rate the applicant in each of these areas. Remember that this student will be working in a hospital environment:

5-Superior 4-Above Average 3-Average 2-Needs improvement 1-Poor

Friendly and personable _______
Shows caring and compassion for others _______
Is honest and trustworthy _______
Able to work well with others—shows teamwork _______
Eager to help others _______
Shows respect for rules and professional environment _______
Shows respect for people _______
Time Management—follows through on commitments _______
Responsible _______
Able to solve problems _______
Carries out instructions _______
Able to work without supervision _______
Compatible with peers _______
Compatible with adults _______
Confident _______

Please Comment

Signature of Counselor__________________________________________________ Date_________________

School_______________________________________________________________________

Thank you for your cooperation!

Return this form to: Volunteer Office, Youth Programs, St. Luke’s, 190 E. Bannock, Boise, ID, 83712
I hereby authorize the release of information pertaining to grades and attendance of:

___________________________________________________________________________________________________

Coordinator of Junior Volunteers  
St. Luke’s Regional Medical Center  
190 East Bannock  
Boise, Idaho 83712  
(208) 381-2265

(Student’s Signature)   (Date)

(Witness)   (Date)

(Parent’s Signature)   (Date)

Note: Please give this form to your counselor with the SCHOOL REPORT FORM. Your counselor should keep this form for your school’s record. Information sought by St. Luke’s will be grade point average, attendance record, and character recommendation.
I am applying for  □ Junior Volunteer  □ Summer Volunteer

Last Name __________________________________________ First Name ________________________________

Address ________________________________ City _______ State _____ Zip _______ Phone _____________

Email address ________________________________ Last 4 digits of Social Security number: ______________

Parent or Guardian ________________________________________________________________________________

Age __________  Date of Birth ___________ Grade ______ School _________________________________

Why do you want to volunteer at St. Luke’s?
___________________________________________________________________________________________
___________________________________________________________________________________________

How do you think you can contribute to our program? _____________________________________________
___________________________________________________________________________________________

What do you think you will learn from being a part of our program? __________________________________
___________________________________________________________________________________________

Please list all your after-school activities and any special summer activities, including Driver’s Ed., if you plan on taking it.
___________________________________________________________________________________________
___________________________________________________________________________________________

Do you have, or do you plan to get, a part-time job? _______  If yes, how many hours a week do you work? _____________

How will you ordinarily get to the hospital? _________________  How many miles do you live from St. Luke’s? __________

Please give names and addresses of two adult references:

<table>
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<tr>
<th>Name</th>
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<th>Phone</th>
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I have read the information attached and if accepted for membership, agree to do my best to carry out the responsibilities and to abide by the rules of the St. Luke’s Regional Medical Center.

_____________________________  Date ______

Signature of Applicant

I have read the information attached and give __________________________ my consent to participate at St. Luke’s Regional Medical Center.

Parents Names (Please Print): ____________________________________ Signature: __________________  Date: __________

Please return all forms to: St. Luke’s Volunteer Office, Attn: Youth Programs, 190 E. Bannock, Boise, ID 83712