Independence HEALTH SYSTEM

Adult Volunteer Application

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

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Date of Birth (mm/dd/yyyy): _____ SSN: _____

Most Recent Employment:

_____

_____

_____

Volunteer Experience:

_____

_____

_____

In Case of Emergency, Please Contact: _____

Relationship: _____ Telephone Number: _____

Why do you wish to Volunteer?

_____

_____

_____

Days and Hours Preferred for Service:

_____

Special Skills, Interests, Talents, Hobbies:

_____

_____

Assignment Preference (Please Check One):

☐ Patient Contact ☐ Public Contact ☐Clerical/Office ☐ Community Outreach

Please list one personal reference (not relatives) along with address and Telephone Number.

1. _____

_____

_____

_____

Please complete and return to the attention of the "Volunteer Services Department" at:

Westmoreland Hospital
Attn: Volunteer Services Department
532 West Pittsburgh St.
Greensburg, PA 15601

Check the box next to the facility at which you would like to volunteer:

☐ Frick Hospital ☐Latrobe Hospital ☐ Westmoreland Hospital ☐ The Square at Norwin

☐ The Square at Latrobe ☐ The Square at Connellsville ☐ Excela Health Home Care & Hospice