



Home Care and Hospice Adult Volunteer Application

Name _____ Date _____
(First) (M.I.) (Last)

Address _____ City _____ Zip _____

Home Telephone _____ Work Telephone(if applicable) _____

Cell Phone _____ Email Address _____

Month and Day of Birth _____

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 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 the appropriate site listed below.

Check the box next to the Excelsa Health Facility at which you would like to volunteer.

Excelsa Health Home Care
and Hospice
Volunteer Services
532 West Pittsburgh St.
Greensburg, PA 15601

Westmoreland Hospital at Jeannette
Inpatient Hospice Unit
600 Jefferson St.
Jeannette, PA 15644