



Adult Volunteer Application

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

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

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

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 Excelsa Health Home Care & Hospice