



Independence

HEALTH SYSTEM

Student Volunteer Application

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

Address: _____ City: _____ Zip: _____

Home Telephone: _____

Cell Phone: _____ Email Address: _____

School: _____ Year in School: _____

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

In Case of Emergency, Please Contact: _____

Relationship: _____ Telephone Number: _____

Why do you wish to Volunteer at Independence Health System? _____

Days and Hours Preferred for Service:

Special Skills, Interests, Talents, Hobbies:

Assignment Preference (Please Check One):

Patient Contact Public Contact Clerical/Office Community Outreach



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HEALTH SYSTEM

Parent/Guardian Permission

I hereby give my permission for _____
to work as a Student Volunteer at Independence Health System. I understand that work to be done at Independence Health System will include only those duties described in the orientation program. I understand that my child will be working as a volunteer and will be accountable to the Student Volunteer preceptor.

Parent /Guardian Signature

Date

Home Telephone

Address

Work Telephone

Please attach a complete copy of your immunization record 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