

## Dear Community Member:

Brookville Hospital would like to extend a sincere thank you for considering being a part of our healthcare team. In a time where hospital staff are in high demand and spread thin at times, volunteers are essential in enabling us to deliver the care that we provide. In an effort to strengthen our relationship and service to our community, we are offering you an invitation to join our volunteer program and/or our hospital auxiliary.

Membership is open to all person 17 years and older who wish to dedicate time and energy to either or both the Auxiliary and the Hospital Volunteer Program. We are looking for a "few good men and women" to provide assistance in various work stations and fund raising projects. Some of the opportunities include but are not limited to: patient transport/escort, clerical support, mail delivery, various patient centered activities at the bedside, spiritual support, just to name a few. We need volunteers for meaningful activities that will be enjoyable for you and helpful to our patients and visitors – your friends and neighbors.

If you enjoy helping other people in your community, we invite you to join our organization. This worthwhile program cannot succeed without your continued support. If you are interested in joining us, please complete the enclosed form and return it to me, and I will assist you in getting started.

I look forward to hearing from you.

Sincerely,

Cortnee Reynolds Human Resources 849-1448



## Penn Highlands Brookville Auxiliary Annual Membership Registration

Dues are \$10.00 per person Please make checks payable to Penn Highlands Brookville Auxiliary Dues are current to December  $31^{\rm st}$ .

Mail to: Molly Northey Hospital Administration 100 Hospital Road Brookville, PA 15825

Please print the following information as you would	Please check the volunteer interest(s) you might			
like it to appear in the directory.	wish to participate:			
Dues are \$10.00 per person.				
List husband and wife member's names separately:	Arts and Crafts (as needed)			
_	Clerical Support			
Member:	Patient Transport			
Member:	Guide/Greeter			
Address:	Newsletter			
City:				
State: Zip:	Health Fairs			
Email Address:	Festivals and other special occasions			
	Newsletter (quarterly)			
Telephone: (H):	Spiritual support/care partner			
(W):				
Renewal New Member				
Active In-Active				



## **VOLUNTEER APPLICATION**

<u>Personal Information</u>	Date:					
Name:	S.S.#					
Mailing Address:						
Home Phone:Birthday:	Work Phone:					
Diffulday.						
Person to notify in case of emergency:  Name:						
Daytime Phone:	<u></u>					
Relationship:						
<u>Experience</u>						
Are you currently employed? Yes No _	If yes, Full-time Part-time					
Place of employment:	Position:					
Address:	How long employed?					
Please list other professional working experie	nce					
Please list previous volunteer experience						
Please list other community activities						
Please list hobbies or special interests						

Please chec	k education	ıal backgrou	und						
			ness School						
References.	<u>:</u>								
Please list two people not related to you that we may contact.  Name Address Daytime Phone									
1									
2									
<u>Volunteer A</u>	<u>Availability</u>								
When are you available to begin volunteering? Date:									
If able to volunteer for regular hours, please specify below:									
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Morning					v				
Afternoon									
Evening									
2. I un befo 3. I pr Brod tern	vided in this derstand th ore I can be omise to con okville Hosp ninate me as	s application at I must be placed as a asider confic pital. Any v s a voluntee	e interviewed a volunteer at B dential all info iolation of pat	and attend a rookville Ho rmation tha ient confide	n initial ori ospital. t I hear or	entation ses	sion ny work at		
Signature					Date				