



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<sup>st</sup>.

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

Please print the following information as you would like it to appear in the directory.

Dues are \$10.00 per person.

List husband and wife member's names separately:

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_

(W): \_\_\_\_\_

Renewal \_\_\_\_\_ New Member \_\_\_\_\_

Active \_\_\_\_\_ In-Active \_\_\_\_\_

Please check the volunteer interest(s) you might wish to participate:

\_\_\_\_\_ Arts and Crafts (as needed)

\_\_\_\_\_ Clerical Support

\_\_\_\_\_ Patient Transport

\_\_\_\_\_ Guide/Greeter

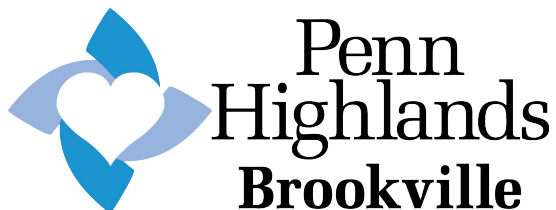
\_\_\_\_\_ Newsletter

\_\_\_\_\_ Health Fairs

\_\_\_\_\_ Festivals and other special occasions

\_\_\_\_\_ Newsletter (quarterly)

\_\_\_\_\_ Spiritual support/care partner



# Penn Highlands Brookville

## VOLUNTEER APPLICATION

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_

### Person to notify in case of emergency:

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Experience

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 experience

\_\_\_\_\_  
\_\_\_\_\_

### Please list previous volunteer experience

\_\_\_\_\_  
\_\_\_\_\_

### Please list other community activities

\_\_\_\_\_  
\_\_\_\_\_

### Please list hobbies or special interests

\_\_\_\_\_

