



THE CHESTER COUNTY HOSPITAL *Foundation*

EVENT VOLUNTEER APPLICATION

Mr. / Mrs. / Ms. _____

Home #: _____ Work #: _____ Mobile #: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Are you currently: ☐ Employed ☐ Retired ☐ Student ☐ Other _____

If a student...

Name of your school/college _____

Current grade/year in school _____

How did you learn of the volunteer opportunities at the Foundation?

Do you have any special skills, talents and/or hobbies that you would be willing to share as part of your volunteer service? If yes, please elaborate.

Which fundraising committees would you be interested in volunteering?

- ☐ Beef ~ Beer ~ Boogie
- ☐ Challenge for Cancer Bike Tour
- ☐ Chester County Day
- ☐ Dash 4 Diabetes
- ☐ FORE Health Invitational
- ☐ May Festival
- ☐ May Festival Gala
- ☐ Polo Cup
- ☐ SHINE
- ☐ Wine Festival

Please return this form to The Chester County Hospital Foundation

701 East Marshall Street, West Chester, PA 19380

Fax: 610.738.2830 Email: kpierce@cchosp.com