



Valley Hospice

# eVolunteer Form

*Caring. Living. Healing.*

**Yes!**

*I want to know more about becoming  
a Valley Hospice volunteer.*

**I am interested in the following area(s):**

- o Patient & Family Support
- o Office
- o Bereavement
- o Student Volunteer
- o Community Outreach
- o Comfort Quilters
- o Thrift Shop
- o Whispered Wishes
- o Other (Specify \_\_\_\_\_)



*Every journey  
deserves the touch  
of another's hand.*

Name:

Address:

State:

Zip:

Home Phone: (     )

Work Phone: (     )

Email:

**Please print and mail to:**

380 Summit Ave.  
Steubenville, OH 43952-2699  
740-283-7487

132 Peters Run Rd.  
Wheeling, WV 26003  
304-242-1977