

Josh Klein Bikkur Cholim Society
Adult Survey Sheet
 Marilyn Klein • 717-545-8796 • marilyn@joshkleinbcs.org



Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Please check areas of volunteer interest:

- Available to visit all local hospitals.
- Only interested in specific hospitals:
 - Carlisle Harrisburg Hershey Medical Center Holy Spirit
 - Lebanon Osteopathic Polyclinic Seidle Memorial York
- Available to visit out of town hospitals:
 - Philadelphia Baltimore New York Other: _____
- Interested in visiting people in other types of institutions:
 - Jewish Home Non-sectarian nursing homes and retirement communities
 - Homebound Hospice Jewish Group Home
- I am willing to house relatives.

Time available for volunteering (list hours if possible):

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Sunday _____

Do you drive? Yes No

Do you have a car? Yes No

Please check other volunteer activities:

- I am able to donate blood. Blood Type: _____ Type Unknown
- I am willing to cook for a family:
 - Weekday Shabbat Meal Cook and deliver to out of town hospital
- I can translate: Hebrew Russian Yiddish Other: _____
- I am willing to: Babysit Shop Help with homework

Please list any special talents, skills or hobbies that would be helpful to Bikkur Cholim:

Please list three references:

Names:

Phone Numbers:

1. _____

2. _____

3. _____

Volunteer Applicant Signature _____

Date _____

Please return to: Marilyn Klein, 116 Woodridge Drive, Harrisburg, PA 17110