



The **Pennsylvania Association for Healthcare Volunteer Resource Professionals (PAHVRP)** is comprised of directors, managers, coordinators, retail professionals and others who direct or mobilize volunteers in Pennsylvania health care settings such as hospitals, VA hospitals, hospices, long-term care facilities with non-profit agencies. There are three (3) regions of PAHVRP: Eastern, Central, and Western (see map above). Members can attend meetings in any location throughout the year.

### BENEFITS OF MEMBERSHIP

1. Answers to questions about ever-changing state and national regulations and procedures required of healthcare providers and the role of the Volunteer Services Department within the organization.
2. Problem solving to improve and revitalize the selection, orientation, and training of volunteers.
3. New ideas for volunteer programs, materials, and events.
4. Networking opportunities with members who are dealing with similar problems, situations and identifying solutions.
5. Professional Development — sessions held at quarterly meetings throughout the state and at conferences that feature world-class presenters and interactions with colleagues from around the state and nearby states.
6. Website containing useful resources, member directory as well as answers to members' questions including an opportunity to post requests for answers to specific questions and situations one is dealing with in their facility.
7. Engage those that oversee retail activities (gift shops, thrift shops, etc.) by sharing best practices, latest retail trends and success stories to enhance the shopper experience and increase sales.



*Please type your information in the fields below before printing and include payment method.*

### 2023 MEMBERSHIP FORM — The Pennsylvania Association for Healthcare Volunteer Resource Professionals (PAHVRP)

Name \_\_\_\_\_

Title \_\_\_\_\_ How long have you been in this role? \_\_\_\_\_

Facility \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

Location (if different from you) \_\_\_\_\_

\_\_\_\_\_ **NEW member** Referred by: \_\_\_\_\_

\_\_\_\_\_ **Renewing\* member** \_\_\_\_\_ Yes, you may use my photograph on web/ in directory

Are you a member of Beryl Institute? \_\_\_\_\_ Yes \_\_\_\_\_ No CAVS designation? \_\_\_\_\_ Yes \_\_\_\_\_ No

CVA designation? \_\_\_\_\_ Yes \_\_\_\_\_ No CPXP designation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Region you belong to: \_\_\_\_\_ Western \_\_\_\_\_ Central \_\_\_\_\_ Eastern

**\*MEMBERSHIP RATES: (check appropriate rate)**

\_\_\_ **1 - 3 members = \$80.00 per member**

\_\_\_ **4 - 6 members = \$70.00 per member**

\_\_\_ **more than 7 members = \$60 per member**

**Checks due by January 15, 2023 and should be made payable to PAHVRP and forwarded to:**

PAHVRP  
c/o WellSpan Health  
Christi Brown, Volunteer Engagement  
Greenway Tech Building  
540 South George Street  
York, PA 17401

**Payment method:** (check one)

\_\_\_ check

\_\_\_ credit card (If paying by credit card, please email

completed form to Christi Brown at [cbrown13@wellspan.org](mailto:cbrown13@wellspan.org) and Christi will contact you directly to obtain credit card information.)