



408 W. Alexander Ave. • Greenwood, SC 29649

(864) 227-9393

Volunteer Application

Name _____ Spouse _____

Address _____ City _____ State _____ Zip Code _____

Date of birth _____ Home Phone _____ Cell or Business Phone _____

Are you a Veteran? Yes or No If you are a Veteran what branch and years of service? _____

Email address: _____

References:

- Name _____ Phone _____
Address _____
City _____ State _____ Zip Code _____
- Name _____ Phone _____
Address _____
City _____ State _____ Zip Code _____

Have you ever been convicted of a crime other than a traffic violation? No _____ Yes _____

If yes, explain:

Reason for volunteering:

Direct Patient Care:

- _____ Patient Sitting
- _____ Special Projects
- _____ Errands for Family
- _____ Hospice House

Hospice Store:

- _____ Selling
- _____ Sorting
- _____ Repair Work
- _____ Pick-up

Indirect Patient Care:

- _____ Clerical
- _____ Cooking/Baking
- _____ Fundraising
- _____ Other (explain)

Signature (for Reference contact) _____

Date _____