



408 West Alexander Avenue • Greenwood, SC 29649
864.227.9393 • hospicepiedmont.org

VOLUNTEER APPLICATION

Name _____ Spouse _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Home # _____ Cell # _____

Email address: _____ How long have you lived in SC? _____

Veteran? Yes/No If yes, which branch and years of service? _____

Emergency Contact Name _____ Phone # _____

References:

1. Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

2. Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

I give permission for a criminal background check? Yes/No If yes, please provide SS# _____

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

If yes, explain: _____

Reason for volunteering: _____

Do you have previous hospice training? Yes/No

I am interested in providing the following services:

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