



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