



## JAIME'S TREE HOUSE VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the 2018 Jaime's Tree House Bereavement Camp to be held October 19, 2018, at **Palmetto Equestrian Therapeutic Riding Program (also known as PET Program)** located at **4000 Hurricane Church Road in Clinton, South Carolina.**

So that we may learn more about you, please complete and return the following application & forms. **The application deadline is Monday, October 15, 2018.**

**T-shirt size:**     Small     Medium     Large     XL     XX-L     XXX-L

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Name for name tag: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Student? Yes    No    Name of school, college or university: \_\_\_\_\_

Are you currently a Hospice of Laurens County employee or volunteer?     YES     NO

Hobbies/Interests/Talents: \_\_\_\_\_

The children who attend Jaime's Tree House have experienced the death of a significant person in their lives. Have you experienced any losses in your life that may help you understand someone else's loss and grief? If yes, when was the loss?

Have you volunteered with Jaime's Tree House or a similar grief camp before? If so, which one? \_\_\_\_\_

Briefly explain why you are interested in being a Jaime's Tree House volunteer.

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LUNCH IS PROVIDED FOR VOLUNTEERS AT NO CHARGE. IN ORDER TO ADEQUATELY PREPARE FOR THE MEALS, PLEASE LET US KNOW IF YOU HAVE ANY MEDICAL DIETARY RESTRICTIONS: \_\_\_\_\_

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Please mail application to:

**Hospice of Laurens County  
P.O. Box 178  
Clinton, SC 29325  
Fax: 864-833-0556**

**For more information call:  
864-833-6287 or 800-465-4454**

***Application Deadline is October 15, 2018***

**Applications will be reviewed and volunteers will be contacted via mail, e-mail and/or telephone. A training/orientation session is scheduled for Tuesday, October 16, 2018 at 4:00 pm at Hospice of Laurens County.**



Hospice of  
Laurens County

NOT NEEDED IF YOU ARE CURRENTLY AN ACTIVE VOLUNTEER WITH HOSPICE OF LAURENS COUNTY

**RELEASE AUTHORIZATION AND INFORMATION FOR PROCESSING OF  
BACKGROUND SCREEN REPORTS FOR VOLUNTEER PURPOSES ONLY**

Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's Licenses Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_  
Number and Street

City State Zip Code

List all Residence Addresses in Past Six Years (attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, and criminal justice agencies, to release such information to Hospice of Laurens County.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



**CONFIDENTIALITY STATEMENT**

All information pertaining to participants of Jaime's Tree House *Bereavement Camp* is considered to be confidential and is not to be discussed or released except as provided for by Hospice of Laurens County policy. Information obtained from any source in the course of volunteering will be maintained in a confidential manner. No release of such information may be made by anyone employed by or associated with Hospice of Laurens County, except as allowed by law and policy to authorized persons. Unauthorized release or inappropriate discussion of participant confidential and related information shall be cause for dismissal from the Jaime's Tree House volunteer program.

Acknowledgement

By signing below I am acknowledging receipt of and agreeing to the above information regarding confidentiality and release of participant information.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature Date