



Hospice of Laurens County

Volunteer Application (Please Print)

Email to cgambrell@hospiceoflaurenscounty.com or fax to 864.833.0556

Name _____ Spouse's Name _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Date of Birth ____ / ____ / ____ Occupation _____ Education Completed _____

Email Address _____

Veteran (Y) or (N) Branch _____

References

1. Name _____ Phone _____

Address _____

Reason for Volunteering: _____

What Contributions would you enjoy making?

- | | |
|---|---|
| <input type="checkbox"/> Sitting with Patients | <input type="checkbox"/> Thrift Store (Clinton or Laurens)- <i>Circle One</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Pickup/Delivery of Donated Items |
| <input type="checkbox"/> Children's Bereavement Camp | <input type="checkbox"/> Children's Activities |
| <input type="checkbox"/> Visiting Patient's Homes | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Baking/Cookies | <input type="checkbox"/> Listening |
| <input type="checkbox"/> Hospice House Volunteer | <input type="checkbox"/> Professional (Medical, Legal, Cosmetology, Massage) |
| <input type="checkbox"/> Writing Notes and Cards | <input type="checkbox"/> Church Liaison |
| <input type="checkbox"/> Clerical (Typing, filing, etc) | <input type="checkbox"/> Music Skills (Instrumental or Vocal) |
| <input type="checkbox"/> Telephone Calls | <input type="checkbox"/> Help with Errands |
| <input type="checkbox"/> Books: Selection/Discussion | <input type="checkbox"/> Gardening/Plant Care |
| <input type="checkbox"/> Parties: Planning & Giving | <input type="checkbox"/> Flower Arranging |
| <input type="checkbox"/> Reading Aloud | <input type="checkbox"/> Knitting/Crocheting |
| <input type="checkbox"/> Artist Skills | |
| <input type="checkbox"/> Veteran Program | <input type="checkbox"/> Other _____ |

How many hours a week do you feel you can commit to Hospice of Laurens County? _____

What days and hours can you provide your volunteer services? _____

Signature _____

Date _____

BACKGROUND INVESTIGATION AUTHORIZATION FORM

Hospice of Laurens County, Inc.

I authorize Hospice of Laurens County, Inc. and any of its affiliates or its designated investigative agency ("agency") to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, Hospice, the affiliate, and the agency have my permission to contact persons who may have information relating to my suitability for employment and to secure consumer credit reports (including investigative consumer reports). I understand that information obtained by Hospice, the affiliate, or the agency in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving record, judgments, liens, arrests, and convictions.

I authorize Hospice of Laurens County, Inc. and its affiliates, without reservation, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purpose.

Name (Printed)

Other Names Used

Address

City

State

Zip

Home Telephone Number

Business Telephone Number

Date of Birth

Social Security Number

Driver's License # and State of Issue/Expiration

Signature

Date