



Hospice of Laurens County

Volunteer Application (Please Print)

Email to catherine.gambrell@hospiceoflc.org 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"/> Tuck – In Program |
| <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 _____