



HospiceCare of the Piedmont, Inc.

408 West Alexander Avenue
Greenwood, SC 29646

VOLUNTEER APPLICATION

Name _____ Spouse _____

Address _____ Birthday _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

REFERENCES:

1) Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

2) Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

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

If Yes explain: _____

Reason for Volunteering:

Direct Patient Care:

- _____ Patient Sitting
- _____ Transportation
- _____ Special Projects
- _____ Errands for family
- _____ Hospice House

Indirect Patient Care:

- _____ Clerical
- _____ Cooking/Baking
- _____ Fundraising
- _____ Other (explain)

SIGNATURE (For reference contact)

DATE