

**Hospice of the Upstate
VOLUNTEER APPLICATION**

NAME _____ SPOUSE _____
(LAST) (FIRST) (PREFERRED)

ADDRESS _____
(STREET) (CITY) (ZIP)

PHONE # _____ BIRTHDAY _____
MONTH/DAY/YEAR

E-MAIL _____
____ I WOULD LIKE TO BE CONTACTED VIA EMAIL RATHER THAN POST MAIL

EMPLOYER _____ WORK PHONE _____

IN EMERGENCY NOTIFY: _____
NAME RELATIONSHIP PHONE #

REASON FOR VOLUNTEERING: _____

HOW DID YOU FIND OUT ABOUT THIS VOLUNTEER OPPORTUNITY? _____ HOSPICE PRESENTATION
____ NEWSPAPER ____ WORD OF MOUTH ____ CHURCH ____ HOSPICE EMPLOYEE OTHER _____

REFERENCES: (REQUIRED- PLEASE INCLUDE ALL INFORMATION)

NAME _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP CODE _____

NAME _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP CODE _____

I AM INTERESTED IN THE FOLLOWING:

DIRECT PATIENT CARE:

____ PATIENT SITTING
____ TRANSPORTATION
____ HAIRSTYLING
____ MASSAGE
____ ERRANDS
____ HANDYMAN
____ LIGHT HOUSEKEEPING

INDIRECT PATIENT CARE:

____ CLERICAL SUPPORT
____ COOKING/BAKING
____ FUNDRAISING
____ SPECIAL PROJECTS
____ NOTARY
____ THRIFT STORE
____ PHARMACY

____ PUBLIC RELATIONS/
SPEAKERS BUREAU
____ *FAITH IN ACTION-
CHURCH REPRESENTATIVE

**PLEASE FILL OUT INFORMATION BELOW*

FAITH IN ACTION ONLY

CHURCH AFFILIATION _____

CHURCH ADDRESS _____
(STREET) (CITY) (ZIP)

CHURCH E-MAIL ADDRESS _____

CHURCH PHONE NUMBER _____

PASTOR'S NAME _____
(LAST) (FIRST)

