



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 25, 2019, at **Lush Acres Farm Lakehouse and Pavilion on the campus of Thornwell Home for Children located 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 21, 2019.**

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.

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: _____

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 21, 2019

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 22, 2019 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