

Loris Healthcare System Volunteer Application

Name _____
Last First Middle Initial

Address _____

Phone # _____ Education _____

Occupation/Professional Experience _____

Volunteer/Civic Experience _____

Skills, Hobbies, Interests _____

How did you hear about LHS volunteer opportunities? _____

Areas of volunteer interest (example: "I filed all my life and would like to avoid that" or "I enjoy office work" or "I would like to work on a regularly scheduled day or just when needed") _____

Hours and days that I am available or would prefer to volunteer _____

List the name, address and phone number of 2 references that we may contact or attach a letter of reference. Please, no one related to you. Can be a former employer, member of a different volunteer organization, civic or church group.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

In case of emergency, contact _____ Phone _____

Signature _____ Date _____

Return this completed form to:

Christy Allsbrook
Volunteer & Marketing Coordinator
Loris Healthcare System
3655 Mitchell Street, Loris, SC 29569
843-716-7383

