



Helios Care

THRIFT SHOP & BOUTIQUE

Benefitting Hospice & Palliative Care

Volunteer Application

Name: _____

Home Phone #: _____ Work Phone #: _____

Mailing Address: _____

City: _____ Zip Code: _____

Email address: _____

Best time to contact you: _____

I can volunteer: once a week more than once a week

once a month as needed

Best days / times to Volunteer _____

I live in the area: 12 months a year Partial Year: I am away from _____ to _____

Signature _____ Date _____

Please return to: Helios Care
Attn: Pamela Finch
297 River Street Service Road
Oneonta, New York 13820

If you have any questions, please call Pamela Finch at 607-432-6773