



Florence Medical Center

Dear Chaplain Applicant:

Thank you for your interest in serving as a hospital chaplain. Enclosed you will find an application. Please include attachments as requested.

Our Volunteer Chaplain's Program and the contribution its ministry has made to our patients healing process are invaluable to the patients, the hospital, and our Lord's Kingdom.

Our chaplains are called on a rotating basis as requested by our patients and/or their family members. Typically these calls are generated by the nursing staff.

We look forward to receiving your application and meeting you for an interview.

Sincerely,

A handwritten signature in black ink that reads "Sheree Meadows". The signature is written in a cursive style with a large, looped initial "S".

Sheree Meadows, Coordinator
Volunteer Services
Senior Circle
843-674-2975
meadowss@muscd.edu