

HERITAGE HOSPICE, INC.
VOLUNTEER PRE-TRAINING INTERVIEW QUESTIONNAIRE

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: (H) _____ (W) _____ (C) _____

E-Mail Address _____

Have you lost a close loved one in the past 12 months? ___ yes ___ no

Any other major life events in the past 12 months? ___ yes ___ no

Please explain briefly _____

List training and/or experience that you feel qualify you to become a volunteer

What services would you like to provide with Heritage Hospice, Inc.?

How many hours a week/month do you feel you can offer? _____

Where did you hear about the hospice volunteer training? _____

Volunteer Signature

Date

Volunteer Services

Date