



**Hospice of San Luis Obispo County**  
**VOLUNTEER TRAINING QUESTIONNAIRE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete this form (use additional sheet if necessary) and return as an attachment to your Email to [tracysturgell@hospiceslo.org](mailto:tracysturgell@hospiceslo.org).

1. Reason for taking this training (you may check more than one):

I have a general interest in learning more about Hospice and the relationships between death and loss and quality of life.

I would like to work with the terminally ill, individuals with life-threatening illnesses, and their families as a volunteer.

I would like to develop my professional skills.

I would like to gain insight about death and bereavement for personal needs.

I'm uncertain at this time.

Other: \_\_\_\_\_

2. What circumstances or experiences influenced your decision to take this training?

3. Please list any specific information you hope this training will provide or any additional information that would be helpful for us to know about you.

4. How did you hear about this training?

Radio  TV  Newspaper  Word of Mouth  Website/Internet   
Other \_\_\_\_\_

Please send this questionnaire to (or drop it by) Hospice of San Luis Obispo County •  
1304 Pacific Street • San Luis Obispo, CA • 93401 • Phone (805) 544-2266