



Volunteer Questionnaire

Thank you for your interest in volunteering with Faith and Hope Hospice and Palliative Care!
Please take some time to fill out this questionnaire so that we can give you a great volunteering experience!

Contact Information

1. Your Name

First _____ Last _____

2. Phone Number

(_____) _____

3. Email Address

4. How would you prefer to be contacted by us moving forward?

Email Phone Direct Mail Any

Other _____

Availability and Preferences

1. Where did you hear about our volunteering opportunities?

Online Ad Flyer/Print Ad Email Yelp Referred by a Friend

Other _____

2. Which role would you most like to fill? Circle all that apply.

- a. Direct patient care (visiting with patient and their families)
- b. Administrative support
- c. Special Events



3. Please circle your availability:

Mon: Morning Afternoon Evening Specific Time: _____
Tues: Morning Afternoon Evening Specific Time: _____
Wed: Morning Afternoon Evening Specific Time: _____
Thurs: Morning Afternoon Evening Specific Time: _____
Fri: Morning Afternoon Evening Specific Time: _____
Sat: Morning Afternoon Evening Specific Time: _____
Sun: Morning Afternoon Evening Specific Time: _____

Please list any other restrictions regarding your availability:

Example: I'm free every other Tuesday for the month of June.

Getting to Know You Better

1. Are there any special skills that you possess that you might like to contribute?

Example: I am getting my hours to becoming a Death Doula.

2. Are there any skills you'd like to learn through your volunteering experience?

Example: I'd love to learn how to best interact with veteran patients.

3. Do you have any other special requests that you'd like us to make note of?

Example: I have physical limitations that hinder me from standing for more than 20 mins.
