



WILSHIRE

HOSPICE

Volunteer Training Questionnaire

Name: _____ Best phone to call: _____

Address: _____

E-Mail: _____

How did you hear about our training?

Newspaper _____

Radio/TV _____

Website _____

Word of Mouth _____

Other _____

I am Interested in Volunteering (check any that apply):

With the Terminally Ill in their home setting _____

With the Terminally Ill in a facility setting _____

In the office _____

In fundraising _____

Not sure at this time _____

Please describe any personal experience you have had with death or terminal illness and/or grief and loss.

*Please return this Questionnaire to **Wilshire Hospice**, attention Volunteer Manager. This Questionnaire will hold your space in our up-coming training. For more information please call the Volunteer Department at 782-8608. Thank you very much for your interest in volunteering with Wilshire Hospice.*

Wilshire Hospice

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