

INTERVIEW QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the following questions so we may consider your needs.

1) What is your understanding of Hospice Care?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What have been your experiences with seriously ill people?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What personal experiences have you had with loss and death?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) How did you become interested in Hospice work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) What do you feel you can offer Hospice patients and families?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Does your spouse/family, support your being a Hospice volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Director of Volunteer Services

\_\_\_\_\_  
Signature of Director of Volunteer Services