

**SACRAMENTO HOSPICE CONSORTIUM, INC.**  
**VOLUNTEER TRAINING REGISTRATION**

**TO REGISTER** please complete this form and return it, along with the \$35 registration fee made payable to Sacramento Hospice Consortium, 7300 Folsom Blvd., Suite 100, Sacramento, California, 95826. The registration fee assists us in offsetting a small portion of the costs associated with the production of class manuals, the provision of class speakers and the management and coordination of the training sessions.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phones: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Preferred Session:** Start date: \_\_\_\_\_ Location: \_\_\_\_\_

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In order to assist us in monitoring and improving our community outreach, we ask that you take a few minutes to complete the following questionnaire. Please be as specific as possible.

How did you hear about the Volunteer Training course? Please check as many as apply.

\_\_\_\_\_ Hospice patient/family  
\_\_\_\_\_ Hospice volunteer  
\_\_\_\_\_ Friend  
Radio: \_\_\_\_\_ Television \_\_\_\_\_  
Newspaper: \_\_\_\_\_  
Newsletter/bulletin: \_\_\_\_\_  
Other: \_\_\_\_\_

Please indicate your primary reason for taking the course:

\_\_\_\_\_ To become a Hospice Volunteer  
\_\_\_\_\_ Professional development  
\_\_\_\_\_ General/personal interest  
Other \_\_\_\_\_

Please note: A refund of \$25 is available up to two weeks prior to the beginning of a class. A deferral to another class is offered, but no refund is available after that time. With questions, call the Sacramento Hospice Volunteer Response Line at 388-6288.

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OFFICE USE: Date received \_\_\_\_\_ Fee paid \_\_\_\_\_ Conf. Sent \_\_\_\_\_