



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

**<http://www.sachospice.org>
(916)388-6288**

TO REGISTER please complete this form and return it along with the \$40 registration fee made payable to Sacramento Hospice Consortium, 8334 Ferguson Avenue, Sacramento, California, 95828. 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. **PLEASE ENTER THE FOLLOWING INFORMATION CLEARLY AND LEGIBLY AS IT IS OUR ONLY MEANS OF CONTACTING YOU WITH CONFIRMATION AND INFORMATION:**

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

**Please note each course has multiple sessions for a total of 24 hours of training:
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 moment to indicate the following. 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
- _____ Sacramento Hospice Consortium Website
- _____ 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 (916) 388-6288.

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OFFICE USE: Date received _____ Fee paid _____ Conf. Sent _____