



1067 Foch St. Fort Worth, TX 76107 • 817-263-8808 • www.TexasHospice.com

Volunteer Interest Questionnaire

Name: _____ Date: _____

Phone #: _____ Email: _____

Address: _____
(Street) (City) (State) (Zip)

1. Why are you interested in volunteering for hospice?

2. In your opinion, what is your greatest quality that you will bring to Texas Hospice?

3. Select the following areas of expertise you have to share as a hospice volunteer:

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Answering phones | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Photography | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Painting/drawing | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Auto repair | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Salon Care (hair/nails) | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Computer Hardware/Networks | <input type="checkbox"/> Computer Software/Training | | |
| <input type="checkbox"/> Foreign Language: _____ | <input type="checkbox"/> Business Operations: _____ | | |
| <input type="checkbox"/> Counseling: _____ | <input type="checkbox"/> Entertainment: _____ | | |
| <input type="checkbox"/> Healthcare: _____ | <input type="checkbox"/> Other: _____ | | |

4. I prefer to volunteer directly with patients and/or families through direct patient care or bereavement.

5. I prefer to volunteer in an administrative role such as office work, special needs, etc.

Signature: _____ Date: _____