



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 \$35 registration fee made payable to Sacramento Hospice Consortium, 7300 Folsom Blvd., 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:

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 388-6288.

OFFICE USE: Date received Fee paid Conf. Sent