



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:

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.

OFFICE USE: Date received Fee paid Conf. Sent