

## Intent to be Inactive or Exit

\*Date form sent: \_\_\_\_\_

**We understand that there are times when a volunteer needs to take a sabbatical and we are respectful of that decision. There are times, however, when the volunteer may not return so we would like to have the following information.**

Name \_\_\_\_\_ Volunteered since \_\_\_\_\_ Inactive since \_\_\_\_\_

Type of Volunteering \_\_\_\_\_

1. **How long do you intend to be on sabbatical?** \_\_\_\_\_

2. **Please check all the reasons:**

a. Personal                      b. Work Schedule                      c. Re-evaluating my volunteer work

d. Burned out on this work      e. Other \_\_\_\_\_

3. **Have you enjoyed your volunteer work?**    a. no                      b. somewhat    c. very much

4. **Is there anything we can do to make it better?** \_\_\_\_\_

5. **Do you feel you had adequate support in the work you were doing?**

6. **During your sabbatical, do you want to receive:**

a. Emails, including group information                      yes    no

b. Reminders of TB tests or other file need updates?                      yes    no

c. Volunteer newsletter                      yes    no

7. **Do you anticipate returning as a volunteer?**                      yes    no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*In order to keep our files current, if we haven't heard from you within 30 days, we will put your file on the resignation list. When we do this, we shred several of your forms. If your situation changes and you want to return, we will welcome you and help you make your file current again. If you decide to retire permanently, we thank you for your work with us. Thank you for responding.

**Thank you from the Volunteer Department of Providence Hospice & Home Care**