

MISSION

Thank you for your support of Home & Hospice Care of Rhode Island. As you know volunteers are an integral part of the provision of services to our patients and their caregivers.

The Volunteer Department is in the process of identifying our activities for the next program year. In order to help you be more comfortable in your role as a volunteer and because we value your experience, we ask that you complete the survey on the reverse side and mail it back to us in the enclosed self-addressed stamped envelope.

At the end of the survey, you will notice that there are a variety of skills and talents listed. We are always looking at new ways to assist our patients and their caregivers, so we ask you to please indicate any areas of expertise that you would like to share with Home & Hospice Care of Rhode Island.

*Home & Hospice Care of
Rhode Island provides
compassionate, professional,
state of the art physical,
emotional and spiritual
care for all people facing
life-threatening illness at
any stage of life and in any
setting they choose.*



Home & Hospice Care
169 George Street
Pawtucket, RI 02860



2006 Volunteer Survey

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VOLUNTEER SURVEY

Please take a moment to answer these questions by circling the most appropriate response.

1. How well did the volunteer training prepare you for your work as a hospice volunteer?

EXCELLENT 5 4 3 2 1 POOR

Suggestions: _____

2. As for patient assignments, do you feel you are:

____OVER UTILIZED
____RIGHT AMOUNT
____UNDER UTILIZED

3. Do you receive adequate information from your volunteer coordinator to perform your assignment?

Y N

Suggestions: _____

4. Because a patient's status can change between the assignment, your first and/or last visit, do you feel you receive adequate updates?

Y N

5. Do you enjoy your volunteering?

VERY HAPPY 5 4 3 2 1 UNHAPPY

6. Do you feel comfortable with the tasks assigned?

EXCELLENT 5 4 3 2 1 POOR

7. Please rate the accessibility of the volunteer coordinators:

EXCELLENT 5 4 3 2 1 POOR

8. In the past year, have you needed to speak with a member of the patient's Interdisciplinary Team? RN, CNA, Social Worker, Spiritual Care Coordinator? (Please circle the discipline you contacted)

Y N

8. If yes, please rate the accessibility of the team member:

EXCELLENT 5 4 3 2 1 POOR

9. Have you attended any support groups or in-services in the past year?

Y N

10. I would like some additional information on becoming a:

____Spiritual Volunteer
____Bereavement Volunteer
____Hulitar Inpatient Unit Volunteer

11. It would be helpful to me if there was a specific training on the following topic(s):

12. I like to meet :

____Mornings
____Afternoon
____Evenings

13. It is most convenient for me to go to trainings and meetings in:

____Central RI
Providence, Cranston, Pawtucket
____Northern RI
Lincoln, Woonsocket, Scituate
____Southern RI
Wakefield, North Kingstown , Westerly
____East Bay
Warren, Bristol, Barrington
____Aquidneck Island
Newport, Portsmouth, Tiverton

Additional Comments:

Thanks for your input ! 😊

14. I would be glad to offer my assistance to HHCRI in the following ways:

____Gardening
____Music Instruments
____Vocalist
____Data entry
____Knitting, Crocheting
____Sewing, Quilting
____Woodworking
____Office skills, Typing
____Answering phones
____Filing
____Publishing
____Graphic Design
____Photography
____Painting—watercolors, etc.
____House maintenance
____Yard/lawn maintenance
____Pet Therapy
____Fish/aquariums
____Reiki
____Massage
____Shopping
____Spirituality
____Manicurist
____Aromatherapy
____Baking
____Transportation
____Help with pets
____Fund Raising
____Board of Directors
____I speak another language:

Name _____

E-mail: _____