

Hospice Niagara Annual Volunteer Review

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	eer's Feedback and Perspective check the answer that best applies to each question.
1.	In what capacity have you volunteered for Hospice Niagara over the past year? (check all that apply)
	□ Visiting Volunteer □ Residential Volunteer □ Welcome Desk Volunteer □ Day Hospice □ Driver □ Complementary Therapist □ Kitchen Help □ Office Support □ Bereavement Volunteer □ Bingo □ Gardening □ Building Maintenance □ Creative Minds □ Special Events □ Committee/Board Member
	Other:
2.	Are volunteer responsibilities made clear in the role that you play, and does your expectation and understanding of that role match the work that you are doing? Yes No Unsure Comments:
3.	Do you feel that you receive adequate training prior to assuming your volunteer role? ☐ Yes ☐ No ☐ Unsure Comments:
4.	Do you feel well supported in the work you do for Hospice Niagara? ☐ Yes ☐ No ☐ Unsure Comments:
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5.	What are some of the sources of support you use? ☐ Staff ☐ Peer Support ☐ Debriefing Opportunities ☐ Hospice Events ☐ Educational In-Services ☐ Volunteer Support Meetings
	Other:
6.	In terms of your commitment, is the time you currently volunteer at Hospice Niagara □ Too much □ Just right □ Not enough