



Kauno hospiso namai

NEMOKAMA PALIATYVIOJI PAGALBA

PI Kaunas Hospice Home

QUESTIONNAIRE OF VOLUNTEER

1. Name, surname: _____
2. Address: _____
3. E-mail: _____
4. Date of birth (Day/month/year): _____
5. No of Mobile phone: _____
6. Workplace/ study institution: _____
7. Education (HEI, specialty acquired) _____

8. Additional education (courses, art / music school): _____

9. Languages you know: _____

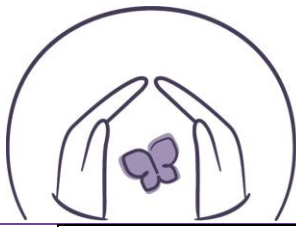
10. Have you ever been a volunteer? Yes/No. Where did you volunteer?

11. How do you imagine voluntary work? _____

12. Do you drive a car? _____
13. Information about yourself (hobbies, hobbies): _____

14. Do you agree that your data should be included in the database of Kaunas Hospice House?
15. Please indicate the areas in which you are interested in volunteering:

Working while visiting patients at home		Filming	
Cooking		Photography	
Driver / courier work		Layout	
Household work		Search of information	



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Help for the patient's family members		Writing of articles	
Crafts and art production		website management	
Organization of events		Various trainings	
Translation		Document management	
Work by phone			

16. On what days of the week and for how long during the day could you volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
In the morning							
During lunch							
In the evening							

17. Your suggestions / questions: _____

We care about you very much. We would be grateful if you could provide more information about yourself:

18. Do you have serious health problems? Yes No. If so, can you mention it? _____

19. Have you lost a loved one in the last year, had strong psychological experiences or other shocks? Yes No

20. Additional contact details:

Name	Kinship	Contact phone

QUESTIONNAIRE COMPLETED BY: _____

(name, surname, signature, date)

To be filled in by representatives of Public Institution Kaunas Hospice Home



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Questionnaire received:	Coordinator of volunteer	Head