



VOLUNTEER CASE CLOSURE FORM

Patient Name: _____ Patient #: _____

Volunteer Name (please print): _____

1. How effective did you feel that you were as a Hospice Patient Care Volunteer on this case?

2. What kinds of things were you able to do with the patient and family?

3. What was the satisfaction level of this case for you?

4. What kind of staff support did you receive? Was it adequate?

