



**Annexure 6**

***Exit Interview***

This form should be completed by an interviewer who should be the immediate supervisor of the person leaving hospice's employment.

NAME OF VOLUNTEER: \_\_\_\_\_

POSITION: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

DATE OF TERMINATION: \_\_\_\_\_

REASON FOR TERMINATION:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

FUTURE PLANS: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

PLEASE GIVE A GENERAL COMMENT REGARDING THE FOLLOWING ASPECTS OF YOUR VOLUNTEERING AT HOSPICE	
Immediate supervisor	_____
	_____
Management	_____
	_____
Hospice culture & environment	_____
	_____
Job satisfaction	_____



