

**“VET TO VET” PROJECT  
TEACHER VET SCREENER**

You have been invited to participate in a special project funded by the VA through the National Hospice and Palliative Care Organization (NHPCO). In order to qualify for participation we need some information about you and any hospice experience you may have had. **When asked for a YES or NO answer, please circle your response.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. **YES NO** Have you served in the United States Military (any branch)?  
(If your answer is yes, please continue. If your answer is no, please return this form to the Project Manager. Thank you for your interest in this project.)
  
2. **YES NO** Have you had a hospice experience? (Could be someone in your family, a close friend, as a volunteer, etc.)
  
3. **YES NO** Would you be willing to share a brief story about your military service (or a hospice experience if you've had one)?
  
4. In which branch of the military did you serve? \_\_\_\_\_
  
5. During what years did you serve? \_\_\_\_\_
  
6. What was your rank at discharge? \_\_\_\_\_
  
7. **YES NO** Do you agree to participate in a “non-patient” orientation about hospice and veteran “End of Life” benefits. The class will be approximately 4 hours long; there is no charge.  
(If your answer is yes, please continue. If your answer is no, please return this form to the Project Manager. Thank you for your interest in this project.)
  
8. **YES NO** Are you able to commit approximately 35 hours of your time over the next 9 months in support of this project? The hours will be variable. Project time will be arranged around your vacation and personal commitments.  
(If your answer is yes, WELCOME ABOARD. If your answer is no, please return this form to the Project Manager. Thank you for your interest in this project.)

THANK YOU!