



NEAR NORTH PALLIATIVE CARE NETWORK

347 Sherbrooke Street, Suite 302, North Bay, Ontario, P1B 2C1

Phone: (705) 497-9239 1-800-287-9441 Fax: (705) 497-1039

Mattawa: 705-744-3771

Sturgeon-Falls: 705-753-5771

E-mail: office@nnpcn.com

Website: www.nnpcn.com

VOLUNTEER APPLICATION

Please fill and return to our Office in person or by email.

1. Mr. Mrs. Miss Ms.

2. Last Name: _____ First Name: _____ Middle Name: _____

3. Home Phone: _____ Cell Phone: _____ Work Phone: _____

5. E-mail: _____ FAX #: _____

6. Mailing Address:

Complement: _____ City: _____

Province: _____ Postal Code: _____

7. Date of Birth (Month/Day/Year): _____

8. Languages Spoken: English French Other Specify: _____

9. Name of Emergency Contact: _____ Relationship: _____

Phone of Emergency Contact: _____

10. Highest Educational Level:

Complete Incomplete

11. Palliative Care Training Courses Taken:

None

12. Bereavement and Grief Training Courses Take:

None

13. Resumé: please attach a copy of your Resumé to this form.

Confidentiality. The information contained in this document is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.

NNPCN Website Volunteer Application Form (Print Format)



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14. Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes No

Are you willing to agree to a Canadian Police information check?

Yes No

15. Are there any clients you would not wish to visit? If yes, explain.

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16. Which of the following activities would you be willing to volunteer?

CLIENT WORK	NON-CLIENT WORK	BOARD AND COMMITTEES
Visiting with Palliative Clients/Families <input type="checkbox"/>	Administrative Work at the Office <input type="checkbox"/>	Community Engagement and Fundraising <input type="checkbox"/>
Overnight Respite <input type="checkbox"/>	Administrative Work from Home <input type="checkbox"/>	Finance and Budget <input type="checkbox"/>
Weekend Respite <input type="checkbox"/>	Website Maintenance <input type="checkbox"/>	Governance, By-Laws, Policies and Procedures <input type="checkbox"/>
Holiday and Seasons Respite <input type="checkbox"/>	Newsletter Writer <input type="checkbox"/>	Quality Assurance, Staff and Volunteer Management <input type="checkbox"/>
Bereavement and Grief Support: Individual Sessions <input type="checkbox"/> Group Sessions <input type="checkbox"/>	Social Media Communication (Facebook, Twitter, YouTube) <input type="checkbox"/>	Sponsorships and Alliances <input type="checkbox"/>
Recreational Therapy <input type="checkbox"/>	Event Planning <input type="checkbox"/>	Corporate Strategy, Program Development and Evaluation <input type="checkbox"/>
Therapeutic Support (animal therapy, music therapy, laugh therapy, colour therapy, therapeutic touch, etc) <input type="checkbox"/>	Grants/Proposals <input type="checkbox"/>	Satellite Offices (Mattawa, Sturgeon Falls) <input type="checkbox"/>
Your Line of Therapeutic Support (specify):	Data Collection and Statistics <input type="checkbox"/>	Education and Training <input type="checkbox"/>
Anticipatory Grief <input type="checkbox"/>	General Work at the Office <input type="checkbox"/>	Board of Directors <input type="checkbox"/>

17. What prompted your interest in volunteering for Near North Palliative Care Network?

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18. Where did you hear about our upcoming Volunteer Training (if applicable):

Website Facebook Twitter Other (specify):

19. Have you experienced the death of a relative or close friends in the past year? Yes No

If yes, state relationship:

20. List three **non-related** people who will provide a reference for you, including one work-related and one volunteer coordinator (if applicable).

Name	Relationship	City	Province	Phone Number

I, undersigned, authorize my references to give information to Near North Palliative Care Network regarding my application to become a volunteer.

Signature:

Date:

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