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NEAR NORTH PALLIATIVE CARE NETWORK

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		Palli	Palliative Carative Carative Care Ser	vices		
VOLUNTEER NAME:			VOLUNTEER TEAM: NORTH BAY: STURGEON FALLS: MATTAWA:			
CLIENT SUPPORT Specify All Possible Options			2-HOUR TEAM MEETINGS Specify All Possible Options		TRAININGS / CONFERENCES / PRESENTATIONS Specify All Possible Options	
PLACE	DAY	TIME	DAY	TIME	DAY	TIME
- Home - Hospital - Long-Term Care Facility - Retirement Home	Weekdays and/or Weekends	- Mornings: 9 AM to Noon - Afternoons: Noon to 3 PM 3 to 6 PM - Evenings: 6 to 9 PM - Overnight: 9 PM to 9 AM	Mondays to Fridays	- Mornings (best time) - Afternoons (best time) - Evenings (best time)	Weekdays and/or Weekends	- Mornings (best time) - Afternoons (best time) - Evenings (best time) - ALL-DAY EVENT

Please fill in your preferred days/times for each activity. If you have flexibility for client support, meetings, trainings and presentations, please also write "FLEXIBLE." Update this form whenever there is a change in your information. The Office will assume your info is still the same in case no update is received.

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