

NEAR NORTH PALLIATIVE CARE NETWORK

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Near North Palliative Care Network Bereavement and Grief Services VOLUNTEER AVAILABILITY LIST

NAME	Meetings		Group Sessions		Individual Sessions		Training / Presentations	
	DAY	TIME	DAY	TIME	DAY	TIME	DAY	TIME

Please update this form MONTHLY.

<u>Confidentiality:</u> The information contained in this communication 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.

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