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

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Near North Palliative Care Network Bereavement and Grief Services VOLUNTEER INTERESTS AND SKILLS

NAME: DATE:

INTERESTS	CHECK ALL THAT APPLY:
Group Session: facilitate	
Group Session: phone waitlist ¹	
Individual Session: facilitate	
Anticipatory Grief Individual Session: facilitate	
Complex Grief Individual Session: facilitate ²	
Complex Grief Individual Session: phone interview with client's	
doctor/health care agent ³	
Individual Client Re-contact List: phone ⁴	
Group Session, Individual Session, and 13-month Support Program Quarterly	
Report ⁵	
Mentor Bereavement Volunteers ⁶	
Presentations ⁷ : Presenter	
Presentations ⁸ : Participant	
Training ⁹ : Trainer	
Training ¹⁰ : Trainee	
Bereavement Database ¹¹	
Bereavement Program Developer ¹²	
SKILLS	
Computer Skills	
Background in Nursing, Health Care, Counseling, Psychology, Social Work	
Background in Management and/or Administrative Tasks	
Background in Training and Education	
Background in Sales and Marketing	
Background in Communications, Public Relations and Events	
Background in Client Relations, Services and Satisfaction	
Background in other Areas (please name it). Ex: plastic arts, photography,	
video-making, journalism, music, etc	
IMPORTANT: Undate this form whenever there is a change in information	

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NOTES

¹Group Session: volunteer phones waitlist one month before next Session to consolidate group(s).

² Complex Grief Individual Sessions include, but are not limited to: loss by suicide, client with multiple losses, loss of a baby or child, suicidal client, client under mind-altering medication, client with addiction, client with a record of past legal infractions and/or arrest. During screening, clients are asked if they are taking any mood or mind-altering medication, and the name of the medication. They are then asked to sign Consent to Disclose Heal Information, so that the NNPCN can contact their doctor. Depending on the complexity of the case/need of the client, Assessment may take a few sessions. Grief Support Sessions start after the recommendation of the doctor/health care that individual sessions might be beneficial to his/her patient.

³ Complex Grief Individual Sessions - phone interview with client's doctor/health care agent: this interview follows a few mandatory steps. The volunteer must be ready to briefly explain to the doctor what we do as volunteers, to pose the right questions, and to understand clearly the clinical recommendation the doctor/health care agent will give us about his/her patient: can this patient move on if he/she goes through Individual Bereavement sessions? Does the doctor/health care agent recommend Individual sessions to this patient? If not, what does he/she recommend? The NNPCN uses the doctor's recommendation for Referrals. Only trained volunteers with background in Social Work, Psychology, Nursing or any Health Area will work with screening. It is important that these volunteers also go through NNPCN internal training Level III (Advanced).

⁴ Individual Client Re-contact List: volunteer phones Individual clients whose files are on hold or who manifested the wish of being re-contacted in the future, to touch base and offer our services, Library and resources.

⁵ Individual Session, Group Session, and 13-Month Support Program Quarterly Report: Office inputs all activities of the last three months:

- Individual Sessions of the last three months (all clients from all volunteers) from Form 08 Individual Session Report (VOLUNTEER) to Form 08-09 Individual and Group Session Report (OFFICE);
- Group Sessions of the last three months (all groups) from Form 09 Group Session Report (VOLUNTEER) to Form 08-09 Individual
 and Group Session Report (OFFICE);
- All phone calls made and cards sent by all volunteers to all clients are registered in Form 10 Thirteen-Month Support Program Report (VOLUNTEER). Filled Form 10 is printed and filed in Thirteen-Month Support Program Hanging Folder.
- Due dates: March 31st, June 30th, September 30th, and December 31st. Volunteer Coordinator reminds all Individual and Group Session volunteers to send their filled forms (08, 09 and/or 10 VOLUNTEER) maximum two weeks before due dates.

⁶ Mentor Bereavement Volunteers: to mentor volunteers conducting Individual or Group Sessions.

⁷ Presentations: Presenter. To deliver Presentations about NNPCN Bereavement Services to Community Agencies, Organizations and the general public in the diverse communities under NNPCN mandate.

⁸ Presentations: Participant. To participate in Presentations delivered by other Community Agencies and Organizations, in the diverse communities under NNPCN mandate, as a representative of the NNPCN Bereavement Committee.

⁹ Training: Trainer. To give training to new volunteers at all levels: bereavement co-facilitators, presenters, administration leads, etc.

¹⁰ Training: Trainee. To participate in future training offered by the NNPCN or other external agencies.

¹¹ Bereavement Database: to keep the Bereavement database updated by entering the data from Bereavement forms in the database.

¹² Bereavement Program Developer: to develop new training and educational programs, products, and materials.