



**NEAR NORTH PALLIATIVE CARE NETWORK**  
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Near North Palliative Care Network  
 Bereavement and Grief Services  
**VOLUNTEER AVAILABILITY UPDATE**

NAME:

DATE:

	Meetings	Group Sessions	Individual Sessions	Training And Presentations
Day(s) (weekdays and/or weekends)				
Time(s) (morning, afternoon, and/or evening)				

Please fill in your available specific days/times for each activity. If you have flexibility for meetings, individual sessions, training and presentations, please write "FLEXIBLE."  
 Update this form whenever there is a change in your availability. The Office will assume your info is still the same in case no update is received.

**Confidentiality:** 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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**02b Volunteer Availability Update (VOLUNTEER) - 3/21/2015**