



Réseau de soins palliatifs du Moyen-Nord
NEAR NORTH PALLIATIVE CARE NETWORK
Rue Main Ouest, no. 2025, North Bay, ON, P1B 2X6
2025 Main Street West, North Bay, ON, P1B 2X6
(705) 497-9239 1-800-287-9441
Télécopieur/Fax: (705) 497-1039
E-mail: office@nnpcn.com Website: www.nnpcn.com



VOLUNTEER APPLICATION

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Please fill and return to our Office in person or by email. 1.

Mr. Mrs. Miss Ms. Other (Please Specify)

2. Last Name: First Name: Middle Name:

3. Home Phone: Cell Phone: Work Phone:

5. E-mail: FAX #:

6. Mailing Address:

Address 2: 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 Taken:

None

13. Résumé: please attach a copy of your Résumé 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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**Ontario
Health**

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

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Yes No

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

Yes No

15. What is your COVID vaccination status?

Vaccinated

Double Vaccinated

Double + Booster

Unvaccinated

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

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. (Digital signature accepted).

Signature:

Date:

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