



Niagara-on-the-Lake  
**COMMUNITY**  
Palliative Care

**VISITING VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SPOUSE/PARTNER'S NAME \_\_\_\_\_

RELIGIOUS BELIEFS \_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

LANGUAGES SPOKEN \_\_\_\_\_

LANGUAGES WRITTEN \_\_\_\_\_

SIGNIFICANT DEATHS/LOSSES AND INCLUDE DATES:

\_\_\_\_\_

\_\_\_\_\_

PREVIOUS VOLUNTEER WORK \_\_\_\_\_

\_\_\_\_\_

SKILLS, INTERESTS, HOBBIES \_\_\_\_\_

\_\_\_\_\_

EDUCATION/FIELD OF STUDIES \_\_\_\_\_

DO YOU HAVE A CAR TO USE? YES ( ) NO ( ) ALLERGIES? \_\_\_\_\_

HOURS AVAILABLE \_\_\_\_\_ DAYS AVAILABLE \_\_\_\_\_

WOULD YOU BE AVAILABLE ON-CALL? \_\_\_\_\_ TO NIGHT SIT? \_\_\_\_\_

WHY ARE YOU INTERESTED IN PALLIATIVE CARE? \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_