



Niagara-on-the-Lake
COMMUNITY
Palliative Care

VISITING VOLUNTEER APPLICATION

NAME _____ BIRTH DATE _____

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: _____