

**VOLUNTEER APPLICATION**

Nipigon District Memorial Hospital  
 125 Hogan Road  
 Nipigon, ON P0T 2J0

(807) 887-3026

**Contact Information**

Mr.	Mrs.	Ms.	Miss	First Name	Last Name		
Address							
Town				ON	Postal Code		
Home Phone			Work Phone		Cell Phone		
E-mail Address							
Are you a student? YES NO				What school do you attend?			

**Availability**

When are you able to volunteer? Please check all that apply.								
	Times Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings								
Afternoons								
Evenings								

**Please indicate which volunteer service(s) you are interested in.**

- Friendly Visiting
  - Supports patients through visiting and social interaction (ie. music, crafts, baking, bingo, movie night, special occasion/holiday events, pet therapy)
- Pastoral Care
  - Provide spiritual support to the sick and to the residents of long term care
- Hospice
  - Under the guidelines of the Hospice Program, the direction of the Hospice Coordinator, and supervision of nursing staff, tries to keep patients/residents as pain free and comfortable as possible while providing support for them and their families during the dying process.
- Meals on Wheels
  - Delivery of a hot evening meal to residents within the community of Nipigon Monday through Friday, excluding statutory holidays

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

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**Special Skills or Qualifications**

List any skills, experiences, interests, education or training that would assist you in your choice of service.

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**References**

Please provide 2 volunteer references, not including your immediate family.

Name	Relationship	Phone	Email
1.			
2.			

I hereby give my permission to check the references listed above.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date