## **Palliative Care Volunteer Request Form**

Email: info@QDHPCA.org

To request a Palliative Care Volunteer, please contact the QDHPCA at:

Phone: 250-985-5816

email: info@qdhpca.org

Date:			
Requested by:			
Client Name:			
Age:			
Location (circle one)	GRB Hospital	Dunrovin Lodge	
	Maeford Place	Quesnel Hospice	
	Community	Other:	
Medical Issues & Situation	on:		
Frequency & times of volu	unteer visits requested:		
Trequency & times or voic	anteer visits requested.		
Situational Expectations o	of Volunteer:		
			<del></del>
Other:			