**AANMELDINGSFORMULIER**

**PALLIATIEVE HULPVERLENING ANTWERPEN**

**KANDIDAAT VRIJWILLIGERS**

**INVULLEN IN DRUKLETTERS AUB**

Naam: .................................................................................. (M/V)

Adres: ............................................................................................

............................................................................................

Telefoonnr/GSM: ............................................................................................

E-mail: ............................................................................................

Geboortedatum: ............................ Rijksregisternr:.......................................

Studies: ............................................................................................

Beroep/ Functie: ............................................................................................

Gezinssamenstelling: ............................................................................................

Bent u vrijwilliger bij (een) andere organisatie(s) ? Zoja, bij welke?

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Wat zijn uw hobby's, interesses?

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Bent u reeds met palliatieve zorgen in contact gekomen? Ja/Neen.Zo ja, in welke context:

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Bent u reeds dierbare naasten verloren? Zo ja, wie en wanneer?

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Geef bondig weer waarom u PHA-vrijwilliger wil worden?

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Kruis aan welke vaste dagdelen in de week u beschikbaar bent voor inzet bij patiënten:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| maandag | dinsdag | woensdag | donderdag | vrijdag | zaterdag | zondag |
| vm | vm | vm | vm | vm | vm | vm |
| nm | nm | nm | nm | nm | nm | nm |

Handtekening + datum