

Volunteer Application

Title: _____

Last Name: _____ First Name: _____

DOB: _____ Age: _____

Gender: female male other

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____ Borough: _____

Phone (home): _____ Phone (mobile): _____

Phone (work): _____ Email Address: _____

Preferred contact method: Phone (home) Phone (mobile) Phone (work) Email

Emergency Contact Information

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Primary Language: _____ Do you speak any other languages: _____

Where were you born? _____ Where did you grow up? _____

Race: two or more races Not Available
 American Indian/Alaskan Native Other Race
 Asian Refused to Answer
 Black or African American White Hispanic
 Native Hawaiian/Other Pacific Islander White Not Hispanic

Are you a college student? Yes No

Are you a high school student Yes No

What is the highest grade in school you completed? (select one)

No formal education Grade school High school
 College or graduate school Other (please specify)-

Do you own and/or use any of the following technology?

Computer Smartphone iPad/Tablet iPod/MP3 Player DVR Skype
 Internet None of the above Social media Other:

How did you hear about the friendly visitor program?

[NOTE: Check all that apply.] Advertisements in the community DFTA
 Family member(s) Friend(s) Healthcare provider Other

Employment status Full-Time Part Time Retired Not Employed At home parent/caregiver
Work History/Professions: _____

If you have volunteer experience, please describe below:

Organization 1: _____ Dates: _____
Description: _____

Organization 2: _____ Dates: _____
Description: _____

What is your availability?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10AM-1PM	<input type="checkbox"/>						
1-5PM	<input type="checkbox"/>						
5-8PM	<input type="checkbox"/>						

I prefer to volunteer in the following neighborhoods: _____

What type(s) of transportation are you comfortable using to volunteer? (Select all that apply)

Access-a-Ride Walking Bus Subway Drives own car Other:

Have you volunteered with older adults specifically including family? Yes No

If yes please describe _____

Would you be comfortable visiting an older adult who lives in a walk up building? Yes No

Would you be comfortable visiting an older adult who smokes? Yes No

Would you prefer to visit with a Female Male No gender preference

Would you prefer an older adult who shares your cultural and/or religious background?

Yes No Preference _____

Would you prefer an older adult who shares similar interests (e.g., books, movies)?

Yes No Preference If yes specify _____

Would you be comfortable visiting an older adult who has a pet/pets? Yes No

Comments: _____

Do you have any other preferences for an older adult?

(please specify): _____

What are some interests, hobbies, or special skills you have?

- Animals Art Cooking Crocheting/Knitting Current Events Dining Out
 Movies Music Politics Religion Science Sewing Sports
 Theater Other: _____

Comments: _____

How do you envision spending time with the older adult(s)?

What motivates you to visit with an older adult now?

How do you envision spending time with the older adult?

Do you have any personal needs or preferences that you would like us to be aware of?

Please share any other relevant information about yourself to assist us in finding the most suitable Friendly Visiting match?

FOR OFFICE USE ONLY

- Check if volunteer available to work with Visually impaired Speech Impaired Hearing impaired
 Homebound
 Chronic illness Memory impaired Cluttered apartment Emotional health Mobility impaired

Summary: _____
