



Area Agency on Aging
 1113 Kelly Avenue, The Dalles, OR 97058
 Tel. 541.298.4101 Fax 541.298.2084

Friendly Visitor Program - Application

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Language Spoken: _____ Male Female

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Drivers License Number: _____ State: _____

How did you hear about this program?

Have you lived in another state in the last five years? Yes No

If yes, which state? _____

Emergency Contact Person: _____ Phone: _____

VOLUNTEER PREFERENCES

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start time	:	:	:	:	:	:	:
End time	:	:	:	:	:	:	:

Interests: _____



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What are your skills/knowledge about seniors? _____

For volunteering with seniors I would like more skills/knowledge in: _____

Previous volunteering experience: _____

Personal goals related to volunteering:

Are there any health conditions or other concerns that would prevent you from visiting (Allergies, etc.)? Yes No

If Yes, what? _____



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PRESENT EMPLOYMENT

Employer	Address
Person to Contact	Phone
Position	Years of Service

EDUCATION

High School ___ GED ___ Community College ___ College ___ Post Graduate ___
Training: _____

REFERENCES

_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship

EMERGENCY CONTACT

_____ Name	_____ Phone Number	_____ Address
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Signature : _____

Date: _____