



**Friendly Visitor Volunteer Application**

Date: \_\_\_\_\_

**GENERAL INFORMATION**

Mr. Mrs. Miss Ms. \_\_\_\_\_  
Last First MI

Home address: \_\_\_\_\_  
Street

City State Zip

Telephone Number: (Days): \_\_\_\_\_ (Evenings): \_\_\_\_\_

Cellular/Alternate Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Telephone

**VOLUNTEER INFORMATION**

Have you previously volunteered with Senior Services of Alexandria? \_\_\_\_\_ If so, please indicate dates of service, and particular service performed:

Other volunteer experience: \_\_\_\_\_

How did you learn about the Friendly Visitor Program? \_\_\_\_\_

What skills, interests, or hobbies would you like to share with others? \_\_\_\_\_

Do you speak any other languages? \_\_\_\_\_ If so, what languages? \_\_\_\_\_

Do you have health conditions that may affect your volunteer assignment? \_\_\_\_\_

When are you available to volunteer? \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_ Weekend

**REFERENCE INFORMATION**

Please provide one professional and one relating to previous volunteer experience.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_