



Friendly Visitor Volunteer Application

Date: _____

GENERAL INFORMATION

Home address: _____

	Last	First	MI
Street			

	City	State	Zip

Telephone Number _____ E-Mail _____

Date of Birth _____ Social Security Number _____

Emergency Contact _____

Name	Relationship	Telephone
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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? _____

Employer/Occupation _____

Do you speak any other languages? _____ If so, what languages? _____

When are you available to volunteer? _____ Day _____ Evening _____ Weekend

REFERENCE INFORMATION

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

Name _____ Relationship _____

Organization _____ Telephone _____

Name _____ Relationship _____

Organization _____ Telephone _____