



Friendly Visitor Volunteer Application

Date _____

Name _____
Last First MI

Address _____
Street

City State Zip

Phone Number _____ E-Mail _____

Date of Birth _____ Social Security # _____

Emergency Contact _____
Name Phone Number

How did you learn about the Friendly Visitor Program? _____

Have you previously volunteered with Senior Services of Alexandria? _____

Other volunteer experience _____

Employer/Occupation _____

Interests, hobbies, skills _____

Do you speak any other languages? _____

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

Senior Match _____

Time/Date of Visits _____