



# Adopt-A-Senior Client Application

Applicants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like to receive wellness calls?

**Yes**

**No**

Please check all companion activities of interest:

**Weekly/Bi-weekly Visits**

**Light Yard/Patio Maintenance**

**Birthday Celebrations**

**Light Essential Grocery Shopping**

**Pharmacy Prescriptions Pick-up**

**Technology Assistance**

**Light Home Mainenance**

**Supporting Holiday Traditions**

Mobility Aides, Check all that apply:

**Cane**

**Walker**

**Wheelchair**

If you utilize a wheelchair, can you self-transfer and walk independently ?

**Yes**

**No**

Do you require physical assistance for day-to-day activities?

**Yes**

**No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Please list interest (reading, drawing, knitting, golf ,history): \_\_\_\_\_

What is your preferred form of communication?

- Telephone Call
- Text Message
- E-mail

Do you have any Pets?

- Yes
- No

If yes, please list what type of pet and pets name: \_\_\_\_\_

Health and Wellness, please check all that apply:

- Vision Impaired
- Oxygen Tank
- Hearing Impaired
- Difficulty standing for more than 10 minutes
- Fall Risk
- Incontinence
- Dementia
- Alzheimer's

Please share any health & wellness information that would help us make your Adopt-A-Senior Volunteer visit a more pleasant & comfortable one: \_\_\_\_\_

Please list days and times you would prefer to have your Adopt-A-Senior Volunteer visit: \_\_\_\_\_

I fully understand, acknowledge, and agree to following conditions: The Adopt-A-Senior program is under no obligation to accept all interested applicants. All statements made on this application are true and authorization is given to investigate all matters contained in this application.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

Office Use Only:

Application Date: \_\_\_\_\_ Application # \_\_\_\_\_

Interview Date: \_\_\_\_\_ Date Assigned to Volunteer: \_\_\_\_\_

Assigned Volunteer's Name \_\_\_\_\_ Date Waiver Signed \_\_\_\_\_