

SENIOR VISITORS PROGRAM
VOLUNTEER APPLICATION
 A program of Mental Health America of Fredericksburg



Name _____ Date _____

Address _____ Date of Birth _____

City/Zip _____ SSN _____

E-mail address _____

Home Phone _____ Business Phone _____

Work Experience: _____ Type of job: _____

Why would you like to be a Senior Visitor volunteer? _____

How did you hear about the program? _____



PERSONAL DATA

Sex: M F Age Group: 21-30 30-40 40-50 50-60 60-70 70+

How long lived in area? _____ Grew up in _____

Interests/Hobbies: Read _____ Art _____ Music _____ Crafts _____

Garden _____ Pets _____ Sports _____ Travel _____ Cooking _____

Other: _____

Organizations: _____

Spoken languages (Indicate fluency): _____

AVAILABILITY OPTIONS FOR VISITS

Available Days: M-F only Weekend only 7 days/wk. Other _____

Available Time: Mornings Afternoons Evenings Flexible

Geographic Options:

Fredericksburg ____ Spotsylvania ____ Stafford ____ Caroline ____ King George ____
Colonial Beach ____ Westmoreland ____ Other(Specify): _____

Activities Options:

Read aloud ____ Letter writing ____ Walks ____ Take for rides ____ Run errands ____
Games/cards ____ Homemaker assistance ____ Other _____
Do you have any prior volunteer experience? _____

Do you have any environmental limitations (e.g., smoking, pets, stairs?) _____

Have you ever been convicted of a state/federal criminal offense? N ____ Y ____

List **three** non-family references (volunteer, clergy, personal):

Name _____ Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Phone _____ Phone _____
E-Mail _____ E-Mail _____

Name _____
Address _____
City/State/Zip _____
Phone _____
E-Mail _____

VOLUNTEER: Under normal circumstances, visitors are expected to commit one hour per week for a minimum of six months. Are you able and willing to make this commitment?
Yes _____ No _____

By signing below I understand that as a Senior Visitor Volunteer I agree to maintain confidentiality of records and information pertaining to clients in the program.

Signed _____ Date _____

Please email to mhafsv@mhafred.org, fax to 540-372-3709 or mail to:

Senior Visitors Program
Mental Health America of Fredericksburg
2217 Princess Anne St., Suite 219-1
Fredericksburg, Virginia 22401
Attention: Teresa Bowers, OTR/L