



FRIENDLY CONNECTIONS
VOLUNTEER REGISTRATION FORM

Primary: Circle Title: Mr. Mrs. Miss. Ms. Registration Date: _____

_____ Church Affiliation:
Last Name First Name Middle Initial _____

Address _____ Apt. # _____

City State Zip Code _____

Contact Information

Home #: _____ Cell #: _____

Work #: _____ E-mail: _____

Emergency Contact

Name: _____ Home #: _____

Relationship: _____ Work #: _____

Availability

Best time of day for visiting (please circle) Morning Afternoon Evening
Best day of week for visiting (please circle) S M T W TH F SA

Helpful Information

Do you have any allergies to any pets that would disable you from visiting? If so, please list below.

Are you bi-lingual? If so, list other language. _____

References

Please supply the information requested of two people you would like to use as character references (please list only people you have known for at least a year):

1. Name: _____ Email: _____

Phone: _____ Relationship: _____

2. Name: _____ Email: _____

Phone: _____ Relationship: _____

FRIENDLY VISIT PROGRAM

BACKGROUND AND PREFERENCES FORM

Name: _____

Your Background:

Where are you from? _____

What are you doing now?

Work: _____

School: _____ Major: _____

Retired

Other: _____

Are you married? ___ Yes ___ No

Do you have children? ___ Yes ___ No

If Yes, would your children be involved in visiting your grandparent? ___ Yes ___ No

Do you have any pets? If yes, what: _____

Interests/Hobbies:

Reading

History

Sports

Movies

Theatre

Knitting/Crocheting/Quilting

Hunting

Fishing

Outdoor Activities

Scrap booking

Walking

Writing/Journaling

Gardening

Bible Study

Church activities

Other: _____

What you would prefer:

Gender: ___ Male ___ Female ___ Couple ___ No preference

Personality: ___ Shy ___ Outgoing ___ Other: _____

Special needs you are willing to work with:

Home bound

Walker

Wheelchair

Oxygen