



**SENIOR PEER PROGRAM
PEER APPLICATION FOR A
VOLUNTEER COMPANION**

Date: _____

A. Relationship to the Peer applying for a Volunteer Companion:

1. If yourself, please skip to B: Peer Application Information below.

2. Family Member Name _____

a. Phone _____

b. Email _____

3. Social Service Agency Name _____

a. Referral Contact Name _____

b. Phone _____

c. Email _____

4. Assisted Living Facility Name _____

a. Referral Contact Name _____

b. Phone _____

c. Email: _____

B. Peer Applicant Information:

1. Name: _____

2. Phone: _____

3. Address: _____

4. Date of Birth: _____

5. Emergency Contact: _____ **Phone:** _____

Please tell us about yourself (the Peer Applicant)

How do you feel you are doing generally (emotionally, physically, socially...)?

Do you feel you are managing your medications well? Any concerns?

What brings you joy? Do you have any special interests or hobbies?

What are your expectations for having a volunteer companion?
