



THE SENIOR SOURCE
SENIOR CITIZENS
OF GREATER DALLAS

FRIENDLY VISITOR APPLICATION

Please tell us about yourself/your organization

The Friendly Visitor Project is a part of the Nursing Home Ombudsman Program

For more information: 214-823-5700 or NHOPD@TheSeniorSource.org

Name _____
(last) (first) (middle)

Address _____ City _____ Zip _____

E-mail address _____ Birth date _____

Telephone: (Home) _____ (Work/Other) _____

Best times to reach you _____

How did you hear about the Friendly Visitor Program? _____

Why do you want to be a Friendly Visitor? _____

List volunteer experiences you have had _____

Please describe any past experience you have had with nursing or assisted living facilities (such as ever worked in one; placed a relative in one)

What is your volunteer time schedule? _____

Once/week Once/Two weeks Monthly More often

Would you prefer to visit with: ___Male/Female ___Alert/Disoriented ___Ambulatory/Bedfast

What activities, skills, interests or talents can we consider when making a match? _____

Do you speak any other languages? _____ If yes, which language(s) _____

Signature of Applicant _____

Date _____

****To be completed by Friendly Visitor Coordinator****

Nursing Home Assigned _____

Nursing Home Contact _____

Mail this form to: Friendly Visitor Project, The Senior Source, 3910 Harry Hines, Dallas, TX 75219
or Fax: 214-826-2441.

Privileged and Confidential: This information is confidential and intended only for those individuals on this form.