



North Shore Volunteers for Seniors  
275 21<sup>st</sup> Street, West Vancouver, BC V7V 4A5

Celebrating our 55<sup>th</sup> Anniversary in 2016!

## One to One Visiting Program Volunteer Request Form

### APPLICATION INFORMATION

Request From: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date received: \_\_\_\_\_ Email: \_\_\_\_\_

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### CLIENT INFORMATION

Name: \_\_\_\_\_  Male  Female

Birthdate: \_\_\_\_\_ Marital Status:  Married  Widow/Widower  Single

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Social History, Interests and Hobbies: \_\_\_\_\_

\_\_\_\_\_

Client's Needs: \_\_\_\_\_

\_\_\_\_\_

### MEDICAL INFORMATION

Diabetes  Psychiatric Challenges  Short Term Memory Loss

Allergies (specify): \_\_\_\_\_

Other: \_\_\_\_\_

Mobility: \_\_\_\_\_

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## ADDITIONAL INFORMATION

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Support System: \_\_\_\_\_

Reasons for Request:     Caregiver Stress             Companionship

Socialization             Isolation

Other: \_\_\_\_\_

## PLACEMENT INFORMATION

Volunteers Contacted:

Date/Name/Telephone: \_\_\_\_\_

Date/Name/Telephone: \_\_\_\_\_

Date/Name/Telephone: \_\_\_\_\_

Follow Up:

Date: \_\_\_\_\_ Comment: \_\_\_\_\_

Date: \_\_\_\_\_ Comment: \_\_\_\_\_