



FRIENDLY VISITING APPLICATION

Guilford Interfaith Volunteers

310 State Street, Unit 200

Guilford, CT 06437

(203) 453-8359 or gim.fv@att.net

Name: _____ Date: _____

Address: _____

E-mail: _____

Telephone (Home): _____ (Work) _____ (Cell) _____

Date Of Birth: _____ Occupation: _____

Hobbies and Interests: _____

Foreign Languages: _____

In case of emergency, whom do we notify? (Please include phone numbers) _____

Do you have a preference regarding your special friend? (age, gender, church affiliation, hobbies, etc.) _____

Would you mind visiting someone in a nursing home? Yes _____ No _____

Do you mind a smoker? Yes _____ No _____

Are you allergic to house pets? Yes _____ No _____

Do you have a pet you would like to bring with you? Yes _____ No _____

What days and times are best for you? _____

Please list the names and phone numbers of two references who are not family members:

1. _____

2. _____

Thank you very much.

For office use
Interview Date: _____
Orientation Date: _____
Starting date: _____ and with whom: _____