



3 ½ North 35<sup>th</sup> St. – Billings MT 59101 – (406) 259-3111

## Client Application Friends Volunteer Program

Thank you for your interest in the Big Sky Senior Services Friends Volunteer Program. The following information is needed in order to match you with a volunteer who shares similar interests. (Note: A Visiting Friend will not do any personal care, housework, etc.)

Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Referred by: \_\_\_\_\_ Hospital Preferred: **Billings Clinic or St. Vincent Healthcare**

Ethnicity (*optional – circle one*)

- |  |                |                     |
|--|----------------|---------------------|
| 1) American Indian or Alaska Native          | 2) Asian       | 3) African-American |
| 4) Native Hawaiian or other Pacific Islander | 5) Caucasian   | 6) Bi-racial        |
| 7) Hispanic                                  | 8) Other _____ |                     |

Emergency contact for you \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone# \_\_\_\_\_ Cell phone # \_\_\_\_\_

Please place an X by the type and frequency of visits you prefer:

Phone Friend:    \_\_\_ Daily phone calls    \_\_\_ 3 times/week    \_\_\_ 4-5 times/week

Visiting Friend:    \_\_\_ Visits once a week    \_\_\_ Twice per month

Length per visit:    \_\_\_ ½ hour    \_\_\_ 1-hour    \_\_\_ 1 ½ hours    \_\_\_ 2 hours

Lend a Hand Friend:    \_\_\_ Occasional Services/Assistance as needed

- Light yard work or gardening
- Handyman work or minor home repairs
- Snow removal
- Rides to errands, medical appointments
- Attend community events (concerts, exhibits, shows, sports, etc.)
- Other: \_\_\_\_\_

**Please list your interests:**

- Walking
- Cooking/Baking
- Shopping
- Games or cards (list specific game you enjoy) \_\_\_\_\_
- Reading (types of books) \_\_\_\_\_
- Music (types of music) \_\_\_\_\_
- TV/Movies (types of shows) \_\_\_\_\_
- Museums/shows/exhibits/sports events (specify) \_\_\_\_\_
- Bible Study    Protestant    Catholic    Other \_\_\_\_\_
  
- Other interests \_\_\_\_\_

**Do you have any medical impairments, such as:**

- Vision
- Hearing
- Walking   Use  Wheelchair    Walker    Cane

**Do you have family members in town that are available to help you?** \_\_\_\_\_

\_\_\_\_\_

**Please feel free to add anything else you would like to tell us about yourself, which would help us in selecting a compatible volunteer for you.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

*Thank you for your interest. We look forward to meeting with you soon.*

*Please return or mail completed application to:*

**Big Sky Senior Services  
Attn: Friends Program  
3 ½ North 35<sup>th</sup> Street  
Billings, MT 59101**