



937 Grand Ave. – Billings MT 59102 – (406) 259-3111

Friends Volunteer Application

Thank you for your interest in our Volunteer program to offer support and companionship to home bound seniors. Our goal is to match you with a client based on their needs for companionship, shopping, etc. The information provided below will help us to find a friend with similar interests.

Name _____
Last First Nickname (if applicable)

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Email address (if available) _____ Date of Birth _____

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 _____

I'm interested in volunteering for the following:

- Phone friend – Make regular phone calls to visit, socialize, reminisce**

Availability:

- ___ Daily phone calls
- ___ 3 times/week
- ___ 4-5 times /week

- Visiting friend - Make regular visits in person to:**

- Socialize/Visit
- Cooking or Baking
- Play Games or Cards (list types of games)

- Help with correspondence, mail
- Read books or magazines
- Reminisce/look through photos and memorabilia
- Take senior shopping or run errands, medical appointments
- Bible Study ___Protestant ___Catholic ___ Other _____
- Other _____

Availability:

- Visit ___once/week
- Visit ___ twice/month

Length per visit:

- ___½ hour ___1 hour
- ___1½ hour ___2 hours

- Lend a hand friend - Schedule visits as needed to:**

- Light yard work or gardening
- Handyman work or home repairs
- Drive senior on errands, medical appointments
- Attend community events (concerts, exhibits, shows, sports, etc.)
- Check writing, bill paying
- Bible Study ___Protestant ___Catholic ___ Other _____
- Other: _____

Please list your special skills, interests, and/or hobbies: _____

Did you serve in the military? _____ Branch? _____ Years? _____

Tell us why you are interested in volunteering _____

List previous volunteer experience _____

How did you hear about us? _____

We would like to contact three references (one may be a relative)

1. Name _____ Relationship _____

Home phone # _____ Work phone# _____ Cell phone # _____

Mailing Address _____

City, State _____ Zip Code _____

2. Name _____ Relationship _____

Home phone # _____ Work phone# _____ Cell phone # _____

Mailing Address _____

City, State _____ Zip Code _____

3. Name _____ Relationship _____

Home phone # _____ Work phone# _____ Cell phone # _____

Mailing Address _____

City, State _____ Zip Code _____

Emergency contact for you _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone # _____ Work phone# _____ Cell phone # _____

Based on your information, we will do our best to find a client with similar interests. You will be contacted about training and other requirements as soon as reference checks are complete. Thank you for your interest in the Friends Volunteer Program!

Once a match is made, I agree to volunteer for a period of three months. Afterwards, I may continue with the same client, request a new match or terminate my volunteer commitment.

I further understand that I am not a housekeeper or personal assistant and will not receive wages from Big Sky Senior Services, Inc. I understand that I must maintain strict confidentiality regarding my client.

Your Signature _____ Date _____

Please mail completed application to:
Big Sky Senior Services
Attn: Friends Program
937 Grand Ave., Billings, MT 59102