



935 Lake Elmo Dr., Ste. B – Billings MT 59105 – (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: _____ **Nickname (if any):** _____

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
- Check writing, bill paying
- 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 _____

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

Do you have any medical impairments, such as:

- Vision Hearing
- Walking Use Wheelchair Walker Cane
- Memory Loss: Mild Moderate Explain: _____
- Other _____

Do you have family members or friends 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
935 Lake Elmo Dr., Ste. B
Billings, MT 59105**