



THE SENIOR SOURCE  
SENIOR CITIZENS  
OF GREATER DALLAS

# FRIENDLY VISITOR APPLICATION

## Please tell us about yourself/your organization

*The Friendly Visitor Project is a part of the Long-Term Care Ombudsman Program*

For more information: 214-823-5700 or [NHOPD@TheSeniorSource.org](mailto:NHOPD@TheSeniorSource.org)

Name \_\_\_\_\_  
(last) (first) (middle)

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

E-mail address \_\_\_\_\_ Birth date \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_

Best times to reach you \_\_\_\_\_

How did you hear about the Friendly Visitor Program? \_\_\_\_\_

Why do you want to be a Friendly Visitor? \_\_\_\_\_

List volunteer experiences you have had \_\_\_\_\_

Please describe any past experience you have had with nursing or assisted living facilities (such as ever worked in one; placed a relative in one)

What is your volunteer time schedule? \_\_\_\_\_

- Once/week       Once/Two weeks       Monthly       More often

Would you prefer to visit with: \_\_\_Male/Female      \_\_\_Alert/Disoriented      \_\_\_Ambulatory/Bedfast

What activities, skills, interests or talents can we consider when making a match? \_\_\_\_\_

Do you speak any other languages? \_\_\_\_\_ If yes, which language(s) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**\*\*To be completed by Friendly Visitor Coordinator\*\***

Nursing Home Assigned \_\_\_\_\_

Nursing Home Contact \_\_\_\_\_

**Mail this form to:** Friendly Visitor Project, The Senior Source, Senior Citizens of Greater Dallas, 3910 Harry Hines, Dallas, TX 75219 **or Fax:** 214-826-2441.

**Privileged and Confidential:** This information is confidential and intended only for those individuals on this form.