



SENIOR COMPANION PROGRAM
Fact Sheet

Client Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

Marital Status: M/W/D/S: _____

Annual Income Level (circle one): Over \$42,500 / Under \$42,500

Household Members/Pets: _____

Medical Conditions: _____

Other Services Requested: _____

Referral From: _____ Phone: _____

Relationship/Agency/Church: _____

Comments: _____



**SENIOR COMPANION PROGRAM
EMERGENCY CONTACT INFORMATION**

Primary Physician: _____

Address: _____ City: _____

Physician Office Phone: _____

For **EMERGENCY PURPOSES**, please contact:

1. Name: _____ Relationship: _____

Address: _____

Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____

I HAVE ALLERGIES TO: _____

DRUGS WHICH SHOULD NOT BE ADMINISTERED: _____

Other pertinent Medical Information: _____



Participant Agreement

By signing below, you understand and agree to the following:

- This acceptance is made by _____
Name of Senior
with the understanding that I hereby waive, release and discharge any and all claims of damages for personal injury, property damage or death, which I may have or which may hereafter accrue to myself, as a result of my participation in the Senior Companion Program. This release is intended to discharge The Senior Companion Program from any and all claims of negligence or carelessness of these individuals in the selection of the above Volunteer Companion. I hereby agree to assume for myself any and all risks involved in participation in The Senior Companion Program, and to release and hold harmless all persons or officials mentioned above, who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. It is further understood that this waiver, release and assumption of risk are to be binding upon heirs and assigns of myself.
- My doctor has permission to release any records that may be needed to treat me in an emergency. I authorize my assigned volunteer companion or Senior Services Assoc., Inc. staff to secure emergency medical attention for me.
- I hereby give permission to Senior Services Associates, Inc., the Senior Companion Program Coordinator, and the volunteer companion to release or obtain information including medical history and emergency contact information for the purpose of finding a suitable match and in the event of an emergency.
- I hereby give permission to Senior Services Associates, Inc. and the Senior Companion Coordinator to release my file to funders of the Senior Companion Program for audit purposes.
- **PLEASE CHECK ONE:**
 - YES, you may discuss my participation in the Senior Companion Program with my family.
 - NO, I do not want my participation in the Senior Companion Program discussed with any of my family.
- I understand and agree to abide by the program policies (copy provided) or Senior Services Associates has the right to revoke the services of The Senior Companion Program and the services of the volunteer.

Signature of Applicant/Participant

Date (expires 1 year from date recorded)



SENIOR'S COPY

**SENIOR COMPANION PROGRAM
POLICY AGREEMENT**

I UNDERSTAND that this is a service a volunteer is providing and this is not a paid position.

I UNDERSTAND that the Senior Companion Program is not a dating service. It is a program that connects senior citizens with volunteer visitors for the purpose of friendship and positive social interaction.

I UNDERSTAND the volunteer will accommodate the senior they are matched with as best they can and within the scope of the program.

I UNDERSTAND the volunteer is not required to visit the senior any more than once a week.

I UNDERSTAND it is not the volunteer's responsibility to clean the senior's home, run errands or be a caregiver or homemaker to the senior and the senior will not ask the volunteer for these services.

I UNDERSTAND the volunteer is to decide how much time they are able to visit the senior each week.

I UNDERSTAND the volunteer will make a phone call to the senior if there is a conflict of schedules and the volunteer is unable to make the visit.

I UNDERSTAND the volunteer will initiate contact with me and will let me know the best way I can get in touch with them.

I UNDERSTAND that I will need to stay in contact with the program coordinator and let Senior Services know if the match is not working out.

I UNDERSTAND that in the event of an emergency my volunteer companion will secure emergency medical attention for me and notified Senior Services.