

# About Senior Services

## Our Mission

*Senior Services Associates, Inc. is a not-for-profit agency dedicated to sustaining and improving the quality of life for individuals age 60 and older, the disabled, and their caregivers by providing access to social services they need. We are dedicated to preserving their independence, promoting mental health and physical well-being, and protecting their rights and dignity.*



*Funding for McHenry County Senior Companion Program provided by:*

United Way, McHenry County Senior Service Referendum, Mental Health Resource League, McHenry County Mental Health Board, and your generous donations.



**"Strangers for just a moment,  
then friends for a lifetime."**



**McHenry Office**  
3519 N. Richmond Rd.  
McHenry, IL 60051  
Phone: 815-344-3555 Fax: 815-344-3593  
Toll free: 800-339-3200

**Crystal Lake Office**  
110 W. Woodstock St.  
Crystal Lake, IL 60014  
Phone: 815-356-7457 Fax: 815-356-7754

**Northern Kane County Office**  
101 S. Grove Ave.  
Elgin, IL 60120  
Phone: 847-741-0404 Fax: 847-741-2163  
Toll free: 800-942-1724

[www.seniorservicesassoc.org](http://www.seniorservicesassoc.org)

## Senior Companion Program



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*This program sponsored by:*

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McHenry, IL 60051      Elgin, IL 60120  
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## Senior Companion - A program that builds friendships!

The companionship of a good friend can provide needed support through many of life's transitions. Our Senior Companion Program connects eligible seniors and persons with disabilities with carefully screened volunteers - and so the sustaining bonds of friendship often begin. The program functions as a catalyst for the mutual exchange of encouragement, knowledge, and life experience between participants. In this way, both individuals benefit from the support derived from an ongoing positive relationship.

Are you a McHenry or Northern Kane County resident, age 18-59 with a disability or over the age of

60, who would like a friendly visit from a volunteer each week?

Or do you know someone who is lonely, isolated, or depressed that could benefit from more social interaction?

If you are interested in participating in this program, or want to refer someone who would benefit, please contact a Senior Companion Coordinator and ask about the Senior Companion Program. You can also fill out and mail the attached form. Donations for our service are gratefully accepted.



## Would you like to volunteer?

Senior Services offers a variety of different programs that benefit many in the community, including the Senior Companion Program. Would you like to be a friendly visitor to an area senior or person with a disability? If you meet the following criteria, we may have a new friend waiting just for you!

- Age 18 or older
- Willing and able to make weekly in-home contact with your senior or person with a disability
- Friendly, dependable, and compassionate
- Committed to making a positive difference in someone's life
- Complete our agency's screening process

## Benefits to the Volunteer

You will feel the satisfaction that comes from doing something good to support someone in need - and your efforts will make a difference in your own local community. Some rewards of being a volunteer companion include:

- Meeting someone new
- Exploring new interests and hobbies
- Developing new social skills
- Gaining professional experience/enhance resume
- Promote personal growth
- Gain a better understanding of community needs

In addition, Senior Services offers some benefits to eligible volunteers through the RSVP Program. You may qualify for mileage reimbursement, excess liability insurance coverage, and more. Let's discuss the possibilities!



## Senior Companion Program

Please check the appropriate boxes below and we will contact you or send more information.

**YES! I am a senior or person with a disability interested in having a friendly visitor once a week!**

Please contact me right away.

Please send me more information.

**YES! I want to volunteer to be a companion for the Senior Companion Program!**

Please contact me right away.

Please send me more information.

Detach and send your completed form to the Senior Companion Coordinator at the address below.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address



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