



SENIOR COMPANION & FRIENDLY VISITOR PROGRAM
FACT SHEET

Client Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____ Cell: _____

Marital Status: Married Divorced Widowed Widower Single

Annual Income Level: Over \$42,500 Under \$42,500

Household Members/Pets: _____

Medical Conditions/Medications: _____

Other Services Requested: _____

Referral From: _____ Phone: _____

Relationship/Agency/Church: _____

Comments: _____



SENIOR COMPANION & FRIENDLY VISITOR PROGRAM
EMERGENCY RELEASE FORM

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: _____



SENIOR COMPANION & FRIENDLY VISITOR 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/Friendly Visitor 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 senior is not to ask the volunteer for their phone number and phone contact will be made by the volunteer only unless the volunteer gives his/her approval.

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 Associates know if the match is not working out.

I UNDERSTAND that in the event of an emergency my Senior Companion/Friendly Visitor volunteer will secure emergency medical attention for me and notify Senior Services.



SENIOR COMPANION & FRIENDLY VISITOR PROGRAM
PARTICIPANT AGREEMENT

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

This acceptance is made by _____
(Please Print) 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/ Friendly Visitor Program. This release is intended to discharge The Senior Companion/Friendly Visitor Program from any and all claims of negligence or carelessness of these individuals in the selection of the Volunteer Companion/Visitor. I hereby agree to assume for myself any and all risks involved in participation in the Senior Companion/Friendly Visitor Program, and to release and hold harmless all persons or officials, whom, 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/visitor or Senior Services Associates staff to secure emergency medical attention for me.

I hereby give permission to Senior Services Associates, the Senior Companion/Friendly Visitor Program Coordinator, and the Senior Companion/Friendly Visitor volunteer to release or obtain information including medical history and emergency contact information to potential volunteer(s) for the purpose of finding a suitable match and in the event of an emergency.

I hereby give permission to Senior Services Associates, and the Senior Companion/Friendly Visitor Program Coordinator to release my file to funders of the Senior Companion/Friendly Visitor Program for audit purposes.

PLEASE SELECT ONE:
_____ YES, you may discuss my participant in the Senior Companion/Friendly Visitor Program with my family and emergency contact.

_____ NO, I DO NOT want my participation in the Senior Companion/Friendly Visitor Program discussed with any of my family or emergency contacts.

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/Friendly Visitor Program and the services of the volunteer.

Signature of Applicant/Participant

(The above signature is valid in Fax or Original form.)

Date (expires 1 year from date recorded)



McHenry County Senior Services
McHenry Township Rec Center
3519 N. Richmond Road
McHenry, IL 60051
(815)344-3555
Fax: (815)344-3593

McHenry County Senior Services
Crystal Lake Senior Center
4704 Three Oaks Road
Crystal Lake, IL 60014
(815)356-7457
Fax: (815)356-7754

Kane County Senior Services
Greater Elgin Senior Center
101 S. Grove Avenue
Elgin, IL 60120
(847)741-0404
Fax: (847)741-2163

Kane County Senior Services
Aurora Senior Center
2111 Plum Street
Aurora, IL 60506
(630)897-4035
Fax: (630)897-6901

Kendall County Senior Services
Yorkville Beecher Center
908 Game Farm Road
Yorkville, IL 60560
(630)553-5777
Fax: (630)553-6979

AUTHORIZATION TO PHOTOGRAPH/VIDEO/FILM/SOCIAL MEDIA

Name: _____ **Date of Birth:** _____

I, _____ give permission to the staff and/or agents of Senior Services Associates to photograph/videotape/film/social media and to use my name for release for the following purpose(s):

PLEASE CHECK ALL THAT APPLY:

- Staff, student, and/or volunteer education and in-service activities.
- In-Services/lectures, educational training courses sponsored by Senior Services Associates or its employees at offsite locations.
- Public relations purposes, including website(s), newsletter, newspapers, brochures, photo exhibits, and annual reports for the purpose of public awareness, marketing and/or fundraising.
- Posting on Social Media including, but not limited to: Facebook, Twitter, and Instagram.

This consent for disclosure is valid for the life of the photograph, its negative, videotape, brochure, newsletter, annual report, and/or posting on website or social media. Photographs including negative/videotape/films/social media posts may be archived for future use as noted above. The undersigned does hereby release Senior Services Associates and its successors and assigns from any and all claims for damages for libel, slander and invasion of privacy, or any other claims based on the use of said materials.

I understand that I have the right to inspect and copy the information to be disclosed. I understand that I may revoke this consent by written request at any time. I understand that my refusal to consent to disclosure will result in the photograph/videotape/film/social media post not being disclosed. When photographs/videotapes/films/social media posts are used following this authorization, they may be subject to redisclosure by the recipient and may not be protected by this rule.

I understand that my name will not be released with the aforementioned materials without the express consent to be indicated separately below.

Signature/Legal Guardian

Date

Witness Signature

Date