

Friendly Visiting Volunteer Application

Guilford Interfaith Ministries

310 State Street, Unit 200

Guilford, CT 06437

(203) 453-8359 or gim_fv@att.net



Your Name: _____ Date: _____

Address: _____

Telephone (Home): _____ (Work) _____ (Cell) _____

Email: _____

Date Of Birth: _____ Occupation: _____

Hobbies and Interests: _____

Foreign Languages: _____

In case of emergency, whom do we notify? (Please include phone numbers) _____

Do you have a preference regarding your special friend? (age, gender, church affiliation, hobbies, etc.) _____

Do you mind a smoker? Yes ___ No ___

Are you allergic to house pets? Yes ___ No ___

Do you have a pet you would like to bring with you? Yes ___ No ___

What days and times are best for you? _____

Please list the names and phone numbers of two references who are not family members:

1. _____

2. _____

Thank you very much.

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| <p>For office use</p> <p>Interview Date: _____</p> <p>Orientation Date: _____</p> <p>Starting date: _____ and with whom: _____</p> |
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