

WHAT IS FRIENDLY VISITING?
SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY
501c(3) Nonprofit Agency



Friendly Visiting is regular visiting between two people, one a volunteer and the other a client, in need of companionship. The essential feature of the program is restoring socialization to an isolated Senior, by providing the continuing commitment of their volunteer.

For the Client who because of age, chronic illness, or disability, cannot get out and make friends, a "Friendly Visitor" is relief from loneliness and fear. It is restoration of the "give and take" companionship of normal life, the enjoyment of being wanted and liked, and having someone who is interested enough to call and visit regularly. Also, a Friendly Visitor is a link with the community and an advocate – a catalyst of new thoughts.

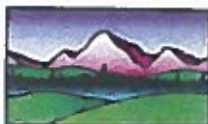
For the Friendly Visitor Volunteer, it is filling of leisure hours with new satisfaction. It is experiencing the reward of helping others, of enriching one's life through new interests, and having a friend who truly does need and appreciate your companionship. Many Friendly Visitors are still work and find time to visit even with their busy schedule.

Social support is something everyone needs throughout their lives. Support and reassurance are necessary for physical and mental stability, often isolation can increase the risk of mental health issues such as depression and low self-esteem. Through your visits, you provide a client with a greater sense of belonging. You heighten their independence as well as confidence. Your concern and efforts are evidence that someone else cares and visiting can provide:

- To break the barrier of isolation
- To restore a sense of value as a social person
- To promote a sense of belonging in the community
- To facilitate interaction with the community
- To promote health in body and mind
- To restore a sense of competence through participation in activities

Please contact our Friendly Visitor office at (925) 931-5388, if you have a few hours a week to visit a housebound Senior. We need Volunteers to make this program a success in our Community, for our ever-growing Senior population.

Thank you! Pam Silliman, Friendly Visitor Coordinator.



SENIOR SUPPORT PROGRAMS OF THE TRI-VALLEY

501(c)(3) Nonprofit Agency



5353 Sunol Blvd., Pleasanton, CA 94566

The Friendly Visitor Program

(925) 931-5388

psilliman@ssptv.org

Name: _____ Date of Birth: _____

Address:

Street _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

CA Driver's License #: _____ E-Mail: _____

Occupation: _____ Employer: _____

Previous experience with the elderly: _____

How did you learn about this program? _____

Why does it interest you? _____

Please select from the following options, so that we can place you in a position that best matches your availability.

I am interested in regular home visits with a Senior:

- _____ Once per week/including out of home activity
- _____ One Senior visits/in-home
- _____ Two Seniors visits/in-home
- _____ Phone calls to numerous Seniors/weekly

I am willing to provide the following with clients occasionally:

- _____ Possible grocery shopping, errands, hair appointments, misc.
- _____ Go to restaurant or coffee shop
- _____ Go on short walks, if Senior has no mobility issues.

I am available to help set-up, assist and/or clean-up at social events at the Senior Support office.

Yes _____ No _____

Languages I speak other than English:

My interests and hobbies/crafts to match with Senior:

I would prefer working with a:

Man _____ Woman _____ Couple _____

I would prefer the Senior live in:

Pleasanton _____ Livermore _____ Dublin _____

I am available:

Mornings _____ Afternoons _____ Evenings _____ Weekends _____

Person to contact in case of an emergency:

Name	Relationship	Phone #
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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for exclusion from the program. I also understand that my driving record will be checked if I will be driving seniors.

Signature	Date:
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VOLUNTEER BACKGROUND CHECK RELEASE FORM

I _____ hereby authorize Senior Support Program of the Tri-Valley and/or its agents, **at no charge to me**, to make an independent investigation of me through "First Advantage" background, references, character, past employment, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualification for work now and, if applicable, during the tenure of my work with the Senior Support Program of the Tri-Valley.

I release Senior Support Program of the Tri-Valley and/or its agents and any persons or entity, which provides information pursuant to the authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (Please Print)

Maiden Name or Other Names Used

Present Address

City/State

Mailing Address if Different

Email Address

Date of Birth*

Social Security Number*

Driver's License Number*

State of License*

***NOTE:** The above information is required for identifications purposes only, and is in no manner used as qualification for employment. Senior Support Program of the Tri-Valley is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Religion, Age, Physical/Mental Impairment or National Origin.