

Senior Center
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**NORTH ANDOVER FRIENDLY VISITOR PROGRAM
VOLUNTEER APPLICATION**

NAME: _____

ADDRESS: _____

PHONE: home _____ work _____

DATE OF BIRTH: _____ SEX: _____

MARITAL STATUS _____

DO YOU EXPECT ANY CHANGES IN YOUR JOB, HOME, OR FAMILY IN THE
COMING YEAR? YES _____ NO _____

EDUCATIONAL BACKGROUND:

DATES ATTENDED:

WORK EXPERIENCE:

DATES:

PHYSICAL LIMITATIONS: _____

ARE YOU ALLERGIC TO ANIMALS? _____

DO YOU SMOKE? _____ WOULD YOU VISIT SOMEONE WHO SMOKES? _____

DO YOU HAVE YOUR OWN TRANSPORTATION? _____

YEAR/MAKE OF CAR: _____

INSURANCE COMPANY _____ POLICY NUMBER _____

PERSONAL REFERENCES:

NAME

ADDRESS

PHONE

HAVE YOU HAD PREVIOUS EXPERIENCE WORKING WITH THE ELDERLY?
YES/NO IF YES, PLEASE DESCRIBE BRIEFLY: _____

WHAT ARE YOUR PERSONAL INTERESTS AND HOBBIES? _____

DO YOU SPEAK A FOREIGN LANGUAGE? _____ WHICH? _____

WHY DO YOU WANT TO BE A VOLUNTEER? _____

WHEN WILL YOU BE ABLE TO BEGIN TRAINING AND VISITING? _____

HOW LONG CAN YOU COMMIT YOURSELF TO THIS PROGRAM? _____

Signature

Date
