

Befrienders, Inc.
807 N. Tracy Ave.
Bozeman, MT 59715
522-8169

Senior Intake

Name _____ **Date** _____
First Middle Last

Email _____

Address _____ **Phone** _____

Birth Date _____ **Gender** _____ **Smoker** Yes ___ No ___

How did you learn about Befrienders? _____

Life Experiences (job, family, volunteer) _____

Hobbies or Interests _____

Special Considerations _____

Please note, it is Befrienders to not accept applicants who have been diagnosed with level 6 or 7 dementia as defined by the Alzheimer's Association. (This is not to say that a senior may not remain in our program after experiencing a decline.)

Other Services Received _____

Contact person in case of emergency _____

Address _____

Email _____

Phone _____ **Relationship** _____

Volunteer Preferences:

Younger Visitor _____ Older Visitor _____ No Preference _____

Male _____ Female _____ No Preference _____

Non-smoker _____ No Preference _____

Notes: _____

I give permission to Befrienders, Inc. to use my photograph for promotional use (promoting our program helps us stay in operation - please help us reach out to others in this way). Please initial if permission is given: _____

Prior to allowing a Befriender volunteer visitor to drive anyone in our program, we require them to provide a valid driver’s license, proof of liability insurance and sign our “Volunteer Driving Agreement,” which can be provided to you upon request. Please sign and date below to agree to the following if there is any chance that your Befriender visitor will be driving you anywhere:

I knowingly and voluntarily have made a request to allow my Befrienders volunteer visitor (hereafter called Befriender) to drive me in their personal vehicle, and I do so at my own risk. In consideration for permission to allow my Befriender to drive me, I waive and release Befrienders and its affiliates from any and all liability for personal injury, death, and/or damage or loss of my personal property occurring while driving with my Befriender.

Name _____ **Date** _____

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