

Senior Center  
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North Andover, MA 01845



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Director

*North Andover Council on Aging*

**NORTH ANDOVER FRIENDLY VISITOR PROGRAM  
VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: home \_\_\_\_\_ work \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ E-MAIL \_\_\_\_\_

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

\_\_\_\_\_