Reference for ElderFriends Applicant

ElderFriends is a volunteer-based program that provides companionship, outreach, and advocacy services to isolated older adults in Seattle and King County. We match elders with friendly visitors to relieve feelings of isolation and loneliness. Volunteers commit to visit one individual at least twice monthly for one year. Because of the one-on-one nature of these relationships, character references are an important component in determining a potential volunteer’s suitability for the program. Thank you for taking the time to complete this questionnaire.

Today’s Date: ____________________

1. What is the name of the person you are providing a reference for? ____________________

2. What is your name? ____________________

3. How long have you known the applicant? ____________________

4. What is your relationship to the applicant? ____________________

5. When was the last time you contacted him or her? ____________________

6. How well do you know the applicant?
   □ Very well □ Well □ Somewhat □ Not well

7. How frequent is your contact with this person?
   □ Weekly □ Monthly □ Yearly □ Other:

8. How do you usually communicate with this person?
   □ By phone □ In person □ Other

9. How would you describe the applicant's relationships with his or her friends?
   □ Very meaningful □ Meaningful □ Unimportant □ Unknown

10. Do you consider this applicant to be currently emotionally and mentally stable?
    □ Yes □ No

11. How responsible is the applicant?
    □ Always □ Usually □ Sometimes □ Seldom □ Never □ Unknown

12. Describe the applicant's judgment:
    □ Excellent □ Good □ Fair □ Poor □ Unknown

13. To what extent does the applicant follow through on commitments?
    □ Always □ Usually □ Sometimes □ Seldom □ Never □ Unknown

14. Would you be comfortable having the applicant as a visiting volunteer for one of your grandparents or elderly friends? □ Yes □ No
15. Place an X next to the five best descriptions of the applicant.

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<td>◯ Shy</td>
<td>◯ Uncooperative</td>
<td>◯ Patient</td>
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<td>◯ Unhappy</td>
<td>◯ Flexible</td>
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<td>◯ Patient</td>
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<td>◯ Flexible</td>
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<td>◯ Assertive</td>
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<td>◯ Sociable</td>
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16. Do you know of any reason why the applicant would not be a good volunteer? If so, please explain.

17. If you can, describe this applicant's strong points in working in a one-to-one relationship with an elderly person.

18. If you have any additional information or comments that you feel would be helpful to us, please write them below.

19. If we have any questions, may we contact you by phone? □ Yes □ No

Please include your phone number: ____________________________

If you would like to discuss anything further, please contact elderfriends@fulllifecare.org or 206.224.3793.

________________________________________  Your name, printed (if filled out by hand)
________________________________________  Date

Please return this form by mail, email or fax to:

ElderFriends, 800 Jefferson Street, Suite 620, Seattle, WA 98104
OR
elderfriends@fulllifecare.org
OR
Fax: 206.224.3779