



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? _____
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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
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5. Place an X next to the five best descriptions of the applicant.

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Stable | <input type="checkbox"/> Empathetic |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Unstable | <input type="checkbox"/> Insensitive |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Moody | <input type="checkbox"/> Good listener |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Genuine | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Pretentious | <input type="checkbox"/> Lacks confidence |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Assertive | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Passive | <input type="checkbox"/> Even-tempered |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Loner |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Sociable | <input type="checkbox"/> Talks a lot |
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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 any information, please contact Kaitlin Schrup, ElderFriends Match Coordinator at 206.224.3793 or kaitlins@elderhealth.org

Your Signature / Your Name, Printed (if filled out by hand)

Date

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

ElderFriends, 800 Jefferson St., Suite 620, Seattle, WA 98104

OR

Kaitlins@fulllifecare.org

OR

Fax: 206-224-3779