



Caregiver Companions

Volunteer Companion Application



Name: _____

Date of birth: _____ Gender: _____

Address _____

Phone Number(s): _____

Email Address: _____

How do you prefer to be contacted? (Circle one) Phone Email

Do you have caregiving experience? Yes No

Are you currently caring for someone? Yes No

Are/were you the primary/full-time caregiver? Yes No

Does/did your loved one have a form of dementia? Yes No

If yes, what form? If no, please expand: _____

What is/was your relationship to the person you are/were caring for? _____

How many years of caregiving experience do you have? _____

Why do you want to become a companion to a current caregiver?

How many hours per week are you available to devote to your role as a companion? _____

Are you willing to submit to a background check? Yes No