



VOLUNTEER REFERRAL FORM



Contact Information

Name: (first) (last)

Address: (street) (city) (state) (zip code)

Home Phone: Work Phone:

Cell Phone: Email Address:

What is the best way to reach you?

What is the best time to reach you?

General Questions

Yes No

- 1. I would like to develop a friendship with an elder?
2. I can visit my new elder friend at least once a week?
3. I can visit my new elder friend for a year?
4. I am willing to participate in the application process?
5. I cannot commit for a year, but would love to hear about other ways to support Family Lifeline's ElderFriends program?

Today's Date:

Three ways to return your completed form:

Email: elderfriends@familylifeline.org Fax: (804) 285-3701

Mail: ElderFriends | 2325 West Broad Street | Richmond, VA | 23220

Any questions, feel free to call us at: (804) 249-5432