



# Friendly Visitor/Caller Application

**Please return to:** Pat Beeman, Community Outreach Social Worker  
Suffield Community Aid  
450 South Street, Suffield, CT 06078  
(860) 668-1986

**Please complete form in its entirety:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Length of time you have lived in Suffield: \_\_\_\_\_

How did you hear about this program?

\_\_\_\_\_

Do you have any special interests, skills, talents or hobbies that you would like to share?  
(\*will be shared with Friendly Visitor/Caller)

\_\_\_\_\_

Do you have any personal preferences for your Friendly Visitor/Caller?

Gender \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_

Do you have any preferences such as no smoking, no pets, etc.?

\_\_\_\_\_

Do you have any allergies or medical conditions we should be made aware of?

\_\_\_\_\_

Do you have any physical limitations?

\_\_\_\_\_

Emergency contact 1 information: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Emergency contact 2 information: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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For Office Use Only:

Date Received: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved