



LA JOLLA FRIENDLY VISITORS

Post Office Box 2107, La Jolla CA 92038

Ljfriendlyvisitors@gmail.com (858) 922-2297

CLIENT APPLICATION

NAME: _____ **DATE:** _____

ADDRESS: _____

E-MAIL ADDRESS: _____

BIRTH DATE: _____ **AGE:** _____

MARITAL STATUS: _____

PHONE: _____ **CELL PHONE:** _____

DOCTOR: _____ **PHONE:** _____

LANGUAGE/ETHNICITY: _____

HOBBIES/INTERESTS: _____

EMERGENCY CONTACTS:

NAME: _____ **HOME PHONE** _____

CELL PHONE _____ **WORK PHONE** _____

ADDRESS: _____

E-MAIL: _____

Please indicate your preferred days and hours of availability:

Days: MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

Hours: _____

Do you use a cane? Yes ___ No ___; Crutches? Yes ___ No ___;

A walker? Yes ___ No ___; A wheelchair? Yes ___ No ___

Any other physical disabilities of which a volunteer should be aware?
