THE WELL-BEING HUB

(902) 648-8886
Toll-Free (833) 393-2298

Visiting Buddies Volunteer Visitor Program
Client Application

Personal Information		
Last name:	First name:	Gender:
Address:		
Telephone home:	Cell:	
Languages spoken: ☐ English ☐ French ☐ Other:		
Primary contact for Visiting Buddies purposes: ☐ Client ☐ Caregiver (provide caregiver information on page 2)		
Availability for visits		
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	☐ mornings ☐ afternoons ☐ evenings	

(902) 648-8886
Toll-Free (833) 393-2298

I am not available on the following days/at the following times:

Experience & interests

Past occupation(s):

Skills, interests, or hobbies that may be pertinent to the volunteer visitor:

Living situation

The client lives

- [ ] Alone
- [ ] With spouse
- [ ] With family
- [ ] Other

Is the client widowed?

- [ ] No
- [ ] Yes

Notes:

Does the client smoke?

- [ ] No
- [ ] Yes

Notes:

(902) 648-8886
Toll-Free (833) 393-2298

Is there a pet in the home?

☐ No
☐ Yes

If yes, type of pet:

Caregiver information (if applicable)

Caregiver first name:	Caregiver last name:
Caregiver phone:	Caregiver email:

Medical information

☐ Limited/compromised mobility	☐ Incontinence
☐ Dementia	☐ Impaired vision
☐ Hearing challenges	☐ None of the above
☐ Speech challenges	

Other health concerns:

Is client on a list for Long Term Care (LTC)?

☐ Yes
☐ No

Other health services in the home:

☐ Personal Support
☐ Nursing
☐ PT (Physio)
☐ OT (Occupational Therapy)
☐ None
☐ Other:

THE WELL-BEING HUB

(902) 648-8886
Toll-Free (833) 393-2298

Emergency contact	
First name:	Last name:
Relationship to client:	
Main phone:	Alternate phone:

Other information

How did you hear about this program?

- ☐ Eastern Shore Cooperator advertisement
- ☐ Newsletter
- ☐ Social media
- ☐ Other
- ☐ Poster
- ☐ Website
- ☐ Word of mouth
- ☐ Program Guide

Authorization for collection of Personal Information

I authorize the Well-Being HUB to collect personal information appropriate to the service/program I am applying for. I understand that the information obtained will be kept confidential. I hereby certify that the above information is true to the best of my knowledge. I agree to keep the Well-Being HUB informed if any of the above information changes at any time. I understand that any willful falsification of information may result in termination of my access to the service being provided.

Signature: (type name if filling out online)	**Date:**

Thank you for your interest in participating in the Well-Being HUB's Visiting Buddies Program!

Submit completed application to admin@wellbeinghub.ca
or mail it to:
Attn Nicola Bailey, Well-Being HUB,
PO Box 215, Musquodoboit Harbour, NS, B0J 2L0