

ELDER ADULT PARTNER APPLICATION

Date: _____
First Name: _____ Last Name: _____ Date of Birth: _____
Address: _____
Phone: _____ Email: _____

TYPE OF COMMITMENT YOU WISH TO MAKE:

Availability: _____ Fall 2022 _____ Spring 2023

AVAILABLE DAYS AND TIMES:

_____ Mondays	_____ available times
_____ Tuesdays	_____ available times
_____ Wednesdays	_____ available times
_____ Thursdays	_____ available times
_____ Fridays	_____ available times
_____ Sundays	_____ available times

CPR and First Aid: _____ Yes _____ No Certification required before start of program

Questions for Students ONLY:

Major: _____

Career Goals: _____

Graduate School: _____ Yes _____ No

Questions for ALL:

1. Describe any experience working out on gym equipment (treadmill, stationary bike, weight machines) and with other physical activities such as yoga, dance, sports, etc.

2. Describe any experience working with people with disabilities.

3. Describe your interests and hobbies. Do you play an instrument, like to sing, etc.



4. Do you have any previous volunteer or work experiences? Please describe

5. Do you have a family member or friend who had or has Alzheimer's or a similar disorder involving memory loss and/or communication difficulties? If yes, please describe

6. What are your reasons for wanting to be an Elder Adult partner?

Please attach another sheet of paper if you need to complete your answers.

