



Senior Companion Volunteer Assignment Plan



Client: _____ Phone Number: _____

(Street Address) _____ (City) _____ (Zip Code) _____

Emergency Contact: _____ Emergency Contact Phone: _____

Living Situation:

Alone _____ Relative _____
Spouse _____ Child _____
Other: _____

Ambulation:

Cane _____ Wheelchair _____
Walker _____ Bedridden _____

Service Activities:

The following services are approved by the volunteer station and AmeriCorps Seniors SCP staff and will be performed by the AmeriCorps Seniors volunteer:

Social/Recreational

Companionship _____
Game/card playing _____
Listening to music _____
Fostering contact with family and friends _____
Accompany to social event/Senior Center _____
Other: _____

Personal Care

Limited feeding and grooming assistance _____
Assist to/from bathroom _____
Medication Reminder _____
Accompany to Doctor's appointments _____
Go on walks together _____

Home Management

Light shopping/errands _____
Assist with paperwork _____
Light housekeeping _____
Light food preparation, plan meals _____

Respite

Supervision for safety issues _____

Expected Outcomes:

How do you expect that the client and, in the case of respite care, caregivers will benefit for the AmeriCorps Seniors volunteer in SCP's activities? Will the client (or caregiver)...

Feel less lonely and isolated? _____ Be more socially engaged? _____
Remain living in own home? _____ Benefit from improved nutrition? _____
Be able to carry out activities of daily living such as eating, dressing, using the bathroom? _____
Will caregivers be able to go to work/attend to personal affairs? _____
Other: _____

The Volunteer Station Supervisor for this assignment is: _____.

The AmeriCorps Seniors volunteer is requested to serve (Day/Time)

Sun: _____ Mon: _____ Tues: _____
Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Signed: _____

Senior Companion Volunteer

Date

Station Representative

Date

UServeUtah Representative

Date