Updated 11/2023

Senior Companion Volunteer Assignment Plan





Volunte	er Name:				Date:			
	Companionship Client		Respite	Client	-			
Client:				Phone Number:				
				-				
	(Street Address)			(City)			(Zip Code)	
Emerger	ncy Contact:			Emergency Contact Phone:				
	Living Situation:			- Ambulation:				
	Alone	Relative		Cane		Wheelchai	r	
	Spouse	Child		Walker		Bedridden		
	Other:							
		Se	rvice Act	tivities:				
The fol	lowing services are app	proved by the v	olunteer	station and Ame	riCorps	Seniors SO	CP staff and	
will be	performed by the Ame	eriCorps Seniors	s volunte	er:				
9	Social/Recreational		Personal Care			Home Management		
	Companionship			eeding and gassistance		Light shop	ping/errands	
	Game/card playing		Assist to	from bathroom		Assist with	paperwork	
	Listening to music		Medicati	on Reminder		Light hous	ekeeping	
	Fostering contact with family and friends		Accompany to Doctor's appointments			Light food preparation, plan meals		
	Accompany to social event/Senior Center		Go on wa	alks together		Resp	ite	
	Other:					Supervisio	n for safety issues	
		Exp	ected Ou	itcomes:				
How do	o you expect that the c	lient and, in the	e case of	respite care, care	egivers v	vill benefi	t for the	
AmeriC	Corps Seniors volunteer	in SCP's activit	ties? Will	the client (or car	egiver).			
	Feel less lonely and isolated? Be more s				ally engaged?			
	Remain living in own home?			Benefit from improved nutrition?				
	Be able to carry out activ	ities of daily living	such as ea	ating, dressing, using	the bath	room?		
	Will caregivers be able to	go to work/atten	d to perso	nal affairs?				
	Other:							
The Vo	lunteer Station Superv	isor for this ass	ignment	is:				
The An	neriCorps Seniors volur	nteer is request	ed to ser	ve (Day/Time)				
Sun:	Mon:		Tues:		_			
Wed:	Thurs:		Fri:		Sat:			
			_		-			
Signed	:				_			
	Sei	nior Companion Vo	olunteer				Date	
	Station Representative				_		Date	
	US	ServeUtah Represe	entative		-		Date	