

# Better at Home Volunteer Intake



United Way helping seniors remain independent.

## PART I

*\*denotes required fields per UWLM reporting requirements*

### Volunteer - General

**\*Intake date:** \_\_\_\_\_  
(yyyy/mm/dd)

**Intake Staff:** \_\_\_\_\_

**\*Referral source:**

- bc211
- Host organization
- Other community-based agency
- Advertisement
- Allied health professional
- Physician
- Nurse
- Friend/family
- Self-referral
- Unknown
- Other

**\*First name:** \_\_\_\_\_ **Middle name:** \_\_\_\_\_ **\*Last Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Can messages be left at this number?**

- Yes
- No

**Cell Phone:** \_\_\_\_\_

**Can messages be left at this number?**

- Yes
- No

**Email:** \_\_\_\_\_

**How would you prefer to be contacted?**

- Phone
- Email

**\*Date of birth** \_\_\_\_\_  
(yyyy/mm/dd):

**Gender:** (box selection)

- Male
- Female
- Other
- Prefer not to disclose
- Unknown

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Ethnic origin:**

- Anglo-Canadian
- French-Canadian (Quebecois, Acadian)
- European
- African
- North American Indigenous (First Nations, Indigenous, Metis, Inuit)
- Oceania
- East/South East Asian (Chinese, Vietnamese, Japanese)
- South Asian (Indian, Pakistani)
- West Asian/Middle Eastern (Persian)
- Caribbean
- Latin or Central or South American
- Other \_\_\_\_\_
- Prefer not to disclose

**Primary language:**

- English
- French
- Indigenous Language
- German
- Korean
- Mandarin
- Cantonese
- Punjabi
- Tagalog
- Farsi
- Spanish
- Other \_\_\_\_\_

**Secondary language:**

- English
- French
- Indigenous Language
- German
- Korean
- Mandarin
- Cantonese
- Punjabi
- Tagalog
- Farsi
- Spanish
- Other \_\_\_\_\_

**Fluent in ASL:**

- Yes
- No

**Details:** \_\_\_\_\_

**Deaf and Hard of Hearing:**

- Deaf
- Hard of Hearing
- Deaf/Blind
- Late Deafened
- Deaf Plus (CP, Cognitive, Mental Health)
- Hearing

**Transportation methods:**

- Own vehicle
- HandyDart
- Friends/Family/Neighbour
- Public transit
- Volunteer driver program
- Taxi
- Walk
- Other \_\_\_\_\_

**Driver's abstract:**

- Yes
- No

***Health and Safety Considerations:***

**Allergies (checkbox):**

- Smoke
- Pets
- Dust
- Food
- Chemicals
- Perfume/scents
- Other \_\_\_\_\_

**Please describe the nature and severity of the allergies (if applicable):** \_\_\_\_\_

**Physical health conditions:**

- Balance issues
- Stroke
- Arthritis/pain
- Heart condition
- Diabetic
- Multiple medications
- Other \_\_\_\_\_

**Mobility Aids:**

- Cane
- Walker
- Wheelchair
- Other \_\_\_\_\_

**Smoker:**

- Yes
- No

**Emergency Contact(s)**

**First name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Volunteer – Other**

**Volunteer Experience:**

- Yes
- No

**Describe:**

**Relevant training:**

- Orientation (agency)
- Communication and working with older adults)
- Older adult health and wellness (dementia, falls prevention, elder abuse)
- Psychosocial supports (mental health and wellness training, caregiver supports)
- Workplace and Cultural Sensitivity training
- Self-Care
- Loss, Grief and Bereavement
- Health and Safety training (First Aid, emergency preparedness, Covid-19)
- Volunteer recognition
- Specific to program service delivery (Food Safe, WHMIS, machine operator safety, admin.)
- Other: \_\_\_\_\_

**Has the volunteer signed the photo consent form?**

- Yes
- No

**Criminal record check completed:**

- Yes
- No

**Date of Completion:** \_\_\_\_\_

**Letter of reference:**

- Yes

Details: \_\_\_\_\_

**Waiver of liability/confidentiality:**

- Yes
- No

Date signed: \_\_\_\_\_  
(yyyy/mm/dd)

**Staff Notes** (text box):

**PART II**

*Services*

**Services interested in delivering:**

- Friendly Visits
- Light Housekeeping
- Yard Waste Pick up
- Grocery Shopping
- Prepared Meal Services (Meals on Wheels)
- Prescription Pickup/Delivery
- Group Activities
- Other \_\_\_\_\_

**Service Notes:**

**Preferred Days of Service:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Volunteer's preferred time of service:**

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**Additional Notes:**