Volunteer Companion Program

Offered by:
Alzheimer Society
PRINCE EDWARD ISLAND

Participant Application

Contact Information:

Participant's First Name:	**Last Name:**	**Birthdate:**
Address:	**City/Community:**	**Postal Code:**
Email:	**Phone:**	**Cell:**
Primary Care Partner's Name:	**Relationship to Participant:**	
Address (if different from above):	**City/Community:**	**Postal Code:**
Email:	**Phone:**	**Cell:**

The Alzheimer Society allows the participant to choose if they prefer in-person or virtual visits. In-person visits can include home visits or excursions in the community. Virtual visits can include visits via phone or video chat.

Please specify your preference below.

What type of visits do you prefer?

☐ In-person
☐ Virtual (phone or video chat)
☐ Either

Would the Participant prefer a visit from: ☐ A man ☐ A woman ☐ No preference

Personal History

The following information helps us to provide a suitable and compatible match between the Participant and volunteer. In addition, this information helps the volunteer companion to prepare for their visits by planning activities to engage the Participant during their time together.

Where was the Participant born?
Where did they go to school?
Where are the different places they lived?
Marital history (who, when, where):
Children (Names, Spouses, Locations):
Grandchildren (Names & Ages):
Siblings (Names, Locations):
Do they have any pets? If yes, please describe.

What did they do for a living?
Do/did they travel?
Hobbies & Interests Now:
Hobbies & Interests in the Past:
Do they have any religious affiliations or other group affiliations?
Any significant awards & achievements:

Reading

Is the Participant able to read? ☐ YES ☐ NO	**Would they like to be read to?** ☐ YES ☐ NO
If yes, what type of books/magazines do they enjoy?	

Games

Does the Participant enjoy games? ☐ YES ☐ NO	**If yes, what are their favourite card/board games?**

Music

What are the participants' favourite kinds of music?	**Do they have a favourite group(s)? If yes, please list below.**

Do they play a musical instrument? If yes, what kind?	
Sports	
Does the Participant enjoy sports? ☐ YES ☐ NO	**If yes, what sport(s) do they enjoy?**
Do they have a favourite team(s)?	
TV/Movies	
Does the Participant enjoy watching TV / Videos? ☐ YES ☐ NO	**If yes, what movies, tv shows, programs and/or videos do they enjoy?**

Participant Medical Information

The following information is required to provide the VCP Coordinator and the Volunteer Companion with the appropriate information they need to always keep the Participant safe, and to ensure activities are suitable for and assist in maintaining the participant's current abilities.

Family Doctor:	**Phone #:**
Diagnosis:	**Is Participant aware of diagnosis?** ☐ YES ☐ NO
Other medical conditions to note:	**Does the Participant wear Medic Alert identification?** ☐ YES ☐ NO
Allergies: ☐ YES ☐ NO **If YES, please specify:**	**Does the Participant wear glasses?** ☐ YES ☐ NO **If YES, under what circumstances are they worn?**

Participant's hearing ability:	**Hearing Aids:**	**Impaired:**	**Deaf:**
☐ Excellent ☐ Adequate for Conversation	☐ Right ☐ Left	☐ Right ☐ Left	☐ Right ☐ Left
Notes:			

Current Mobility and Day-to-Day Abilities:

Mobility:

☐ Fully independent ☐ Independent with cane ☐ Wheelchair with assistance
☐ Independent with walker ☐ Wheelchair without assistance

Requires assistance with:

☐ Level surfaces ☐ Uneven surfaces
☐ Getting in/out of chairs ☐ Stairs

Any history of falls?

☐ YES ☐ NO

Comments:

Eating:

☐ Fully independent ☐ Assistance required
☐ Potential for choking ☐ Requires feeding

If assistance required, please specify:

What type of foods/drinks/snacks does the Participant enjoy?

Are there any foods/drinks/snacks that should be avoided?

<table>
<tr><td>Use of Kitchen:

☐ Fully independent ☐ Requires assistance</td><td>Comments:</td></tr>
<tr><td>Dressing:

☐ Fully independent ☐ Requires assistance</td><td>Comments:</td></tr>
<tr><td>Washroom:
☐ Fully independent ☐ Requires assistance
☐ Wears protective pads/Adult undergarments</td><td>Notes:</td></tr>
<tr><td>Managing Money:
☐ Fully independent ☐ Requires assistance</td><td rowspan="2">If not, is there a strategy developed so that the Volunteer Companion can help the Participant pay for their share if on outings away from the home? Please explain:</td></tr>
<tr><td>Would they carry spending money if they were going out with the volunteer?

☐ YES ☐ NO</td></tr>
<tr><td colspan="2">Driving: One of the guidelines of the program states that the Participant will not be allowed to drive during the visits with the volunteer companion.</td></tr>
<tr><td>Does the Participant have a driver’s licence?

☐ YES ☐ NO</td><td>Do you think the Participant will try/want to drive during the visits with the volunteer companion?
☐ YES ☐ NO</td></tr>
<tr><td colspan="2">Are you comfortable with allowing the Participant to be driven by a volunteer? Please note: this can wait to be decided until meeting the volunteer.
☐ YES ☐ NO (If yes, a Driving Agreement must be signed)</td></tr>
</table>

Behaviours Related to Dementia

Does the Participant have any of the following behaviours? Check all that apply:

- ☐ Apathy - absence of interest in or concern about emotional, social, spiritual, philosophical and/or physical life.
- ☐ Loss of initiative
- ☐ Anxiety
- ☐ Personality changes
- ☐ Impaired judgement
- ☐ Problems with decision making
- ☐ Forgetfulness
- ☐ Difficulty finding words
- ☐ Repetitive questions
- ☐ Language loss
- ☐ "Colourful language"
- ☐ Agitation/restlessness
- ☐ Suspiciousness
- ☐ Confusion
- ☐ Paranoia/hallucinations
- ☐ Difficulty doing familiar tasks
- Poor orientation to:
  - ☐ Time ☐ Place ☐ Person
- ☐ Sleep Disturbances
- ☐ Wandering
- ☐ Pacing
- ☐ Rummaging
- ☐ Inappropriate sexual behaviour
- ☐ Physical aggression
- ☐ Verbal aggression

Does anything seem to trigger these behaviours?

☐ YES ☐ NO

If YES, please explain:

How do you respond to or cope with and/or manage these behaviours?

Is there any group of people you think the Participant may react to poorly?
(Sometimes people living with dementia can react poorly to particular groups of people. This is important for us to know in terms of matching).

Does the Participant have any specific fears/sensitivities that might be encountered? (ie. dogs, sirens):

If there has been aggressive behaviour expressed, to whom was it expressed?

☐ Family member ☐ Other:

Does anything seem to trigger this behaviour: ☐ YES ☐ NO	**How do you respond and/or cope with this behaviour?**
If YES, please explain:	

If there has been inappropriate sexual behaviour, to whom was it expressed?

☐ Family member ☐ Other:

Does anything seem to trigger this behaviour: ☐ YES ☐ NO	**How do you respond and/or cope with this behaviour?**
If YES, please explain:	

Additional Information

Does the Participant smoke: ☐ YES ☐ NO	**If the Participant smokes, what is the routine?**
What other support does the Participant access? (For all applicable, list day and time): Day Program: Home Care: Meals on Wheels: Other Community Services:	

Scheduling Visits

What days and times would the Participant be available to visit with the Volunteer Companion?

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Emergency Contact in the event the Volunteer cannot reach you during a visit:

1. Emergency Contact Name:	**Relationship:**
Address:	**Phone #:**
2. Emergency Contact Name:	**Relationship:**
Address:	**Phone #:**
3. Emergency Contact Name:	**Relationship:**
Address:	**Phone #:**

The undersigned agrees to arrange for a responsible person to be at the home or place of residence when the volunteer arrives, and when it is time for the volunteer companion to leave. The care partner has provided alternate contacts in case of an emergency and has informed these individuals:

Signature of Care Partner Name of Care Partner Date

Signature of VCP Coordinator Name of Coordinator Date