About Me Sheet: For Volunteers

My name is _____

I like to be called _____

I like to be contacted by ___ Phone call ___Text ___ Email

My contact info: Phone _____

Email: _____

I have experience with people living with dementia ___No ___ Yes

If yes, in what way? _____

I have physical limitations, they are: _____

_____

I can be available to volunteer:

- ☐ Various days and times
- ☐ Every _____ (name the days)
- ☐ I would like to choose based on what is happening
- ☐ Whenever you need me.

___ I am open to being part of activities. ___ I am open to helping at meals

___ I could help with events ___ I could bring a pet for a visit

___ I am comfortable leading an activity ___ I could lead a presentation.

Sonya Barsness & Karen Stobbe

I grew up in _____

My occupation is/was _____

I have/had _____ siblings I have/had _____ children

One of my favorite things to do has always been _____

_____

Some things I enjoy are:

☐Paint: What kind? _____

☐Music: What kind? _____

☐Sing: What type? _____

☐Games/Cards: What kind? _____

☐Watch sports: Favorites? _____

☐Cooking/Baking: Favorites? _____

☐Crafts: What kind? _____

☐Other Hobbies? _____

Anything else would you like to tell us?

_____

_____

_____

Thank you.