



Respite Volunteer Assessment

Dear Volunteer,

We want to make sure that your volunteer experience is as rewarding as possible for you. The more we know about you, the better we can match you with a family.

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| <ul style="list-style-type: none">▪ Your Name: |
| <ul style="list-style-type: none">▪ Do you have any caregiver experience? Please describe: |
| <ul style="list-style-type: none">▪ What is your experience with people with dementia or related conditions? Please describe: |
| <ul style="list-style-type: none">▪ Do you have a gender preference for the care recipient? |
| <ul style="list-style-type: none">▪ Do you smoke? |
| <ul style="list-style-type: none">▪ Would you consider volunteering in a smoker's home? |
| <ul style="list-style-type: none">▪ Would you be okay with animals in the home? |
| <ul style="list-style-type: none">▪ Do you have any allergies that could be relevant when volunteering? |

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| <ul style="list-style-type: none">▪ Do you have any disabilities or medical concerns that you want to share? |
| <ul style="list-style-type: none">▪ Please describe hobbies and activities you enjoy and might want to share with the care recipient. |
| <ul style="list-style-type: none">▪ Do you enjoy outdoor activities? |
| <ul style="list-style-type: none">▪ Do you have reliable transportation? |
| <ul style="list-style-type: none">▪ Is there anything else you would like to share with us? |
| <ul style="list-style-type: none">▪ What is your availability? Please specify times and days. |
| <ul style="list-style-type: none">▪ Where do you live? How far are you willing to travel from home? |