

Application for a "Good Morning Line" Call

I would like to be telephoned daily by a "Good Morning Line" volunteer. I will inform my caller if, at anytime, I will not be home at the appointed time for the call. If the volunteer assigned to me identifies an emergency situation involving myself, the volunteer will contact 911 for my assistance. If the volunteer identifies other problems or concerns that are not critical or emergency proportions, then the volunteer will contact the RSVP office for contact of neighbors or relatives listed below. I agree to provide the following information to be kept confidential by RSVP and Senior Resources, Inc.

Signature _____

Name _____ Phone _____

Address _____

City _____ Zip Code _____

Date of Birth _____ Today's Date _____

Pertinent Health Data: (Please list chronic conditions such as diabetes, heart illness, bone fractures, etc.)

In case of emergency call: _____

Address: _____ Telephone: _____

Name of closest relative: _____

Address: _____ Telephone: _____

Who has a key to your house? Name: _____

Address: _____ Telephone: _____

Name of your doctor: _____

Address: _____ Telephone: _____

Special Instructions to your "Good Morning Line" Caller (such as preferred time for a call or a tip on letting the telephone ring a long time, etc.) _____

Would it help you to be reminded to take your medicine? _____ yes _____ no

Call (803) 252-7734 with questions.

Return to:
Retired & Senior Volunteer Program (RSVP)
of Richland and Lexington Counties
2817 Millwood Avenue
Columbia SC 29205-1261

*RSVP is a part of the
Corporation for National
Service and is locally
sponsored by Senior Resources.*

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**TO BE COMPLETED BY RSVP STAFF**

Name of current volunteer: \_\_\_\_\_ As of \_\_\_\_\_

Phone # \_\_\_\_\_ x \_\_\_\_\_ y \_\_\_\_\_ z \_\_\_\_\_ 1 \_\_\_\_\_ 2