



Registration Form

NAME:	DOB:			
ADDRESS:				
CITY:				
COUNTY:				
HOME PHONE:				
Well Connected offers virmuch more! Find meanin ference 365 days a year. Social Call matches volun phone or in-person. In-he counties: Alameda, San Favailable to older adults to	gful, fun conversa teers and older ac ome visits are cur rancisco, Marin, S	dults for one- rently availab	hers via phone on-one convei le in the follov	e or online con- rsations by ving California
Which program/s would y	you like to register	r for:	ll Connected	☐Social Call
How did you hear about ι	us?			
GENDER:				
RACE:			AL ORIENTATIO	N:
PRIMARY LANGUAGE:				
WITH WHOM DO YOU LIV				
EDUCATION LEVEL (highe				

PHYSICAL LIMIT	ATIONS:	□None	□Other:					
Mobility:	☐Use Can	e/Walker	☐Use Wheelchai					
	Have you f	allen in the	last six months?	□Ye	s 🔲 N	lo		
Hearing:	□Low Hea	ring	□Deaf					
Vision:	□Low Visi	on	□Blind					
Other health information:								
For Well Connected: How would you like to receive Well Connected information: □ Email □ U.S. Mail □ U.S. Mail Audio □ U.S. Mail Braille For Social Call: What is your gender preference for your friendly visitor? □ Male □ Female								
EMERGENCY CONTACT NAME: RELATIONSHIP: EMAIL: PHONE:								
Please tell us a little about your interests and hobbies, and what you like to do for fun:								
Please circle th feel:	e number t	hat represe	nts how you	Hardly Ever	Some of the time	Often		

Please circle the number that represents how you		Some of	Often
feel:		the time	
How often do you feel you lack companionship?	1	2	3
How often do you feel left out?		2	3
How often do you feel isolated from others?	1	2	3

Please submit your registration by snail mail, email, or phone

Mail: Well Connected/Social Call | 881 Turk Street | San Francisco, CA 94102

Email: coviaconnections@covia.org

Phone: (877) 797-7299