



**BRAVE HEART
VOLUNTEERS**
yee gu.aa yáx x'wán

With our volunteers and community partners, we provide compassionate care, companionship, respite and education to those facing illness, isolation, end of life and grief.

Care Receiver Intake Quick Form

All information in this form is strictly confidential

Name:	Nickname:	Sex:
Age:	Date of Birth:	
Home Address/ physical location:		
Mailing Address:		
Phone:	Alternate Phone:	Email:
Emergency Contact:	Relationship:	Contact Information:
Emergency Instructions:		

Partner and Caregiver Information

Primary Caregiver	
Relationship of Caregiver	
Caregiver Contact:	
Additional Notes?	

Family and Friends

Children/Grandchildren:



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Important/Supportive People and Communities:

What other organizations or entities are you receiving support/assistance from?

Counseling Services SAIL Center for Community Faith group Friends

Family Other:

Concerns

What concerns do you have?

What support do you want?

Personal Information

How can Brave Heart Volunteers be of service to you?

Sensory preferences (likes/dislikes, little/lot, variety, types, specifics, speed, etc.):

Sights: (ie. bright, dim, scenic)

Movement:

Do you use a: Cane? Walker? wheelchair?

Sounds you like:(music? Type? Background noise? Soft spoken or louder people?)

Touch/Physical contact: (hand holding or no, touch on the arm, etc.)



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Faith/Religion:	Congregational Affiliation:	Organizational Affiliation:

Personality

Hobbies and Interests:
Major Likes or Dislikes?
What do you want people to know?

Health

What would you like to share about your health? (ie. prone to falls, dementia, heart issues, diabetes, hard of hearing, anything).
Additional Notes?



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Volunteer Notes

Preference for types of volunteers? (All our volunteers are compassionate). Preference for introvert/extrovert, gender, certain skills, interests, faith, type of faith, non faith, etc?
Preferred day and time for visits:
What activities would you enjoy doing with a visiting volunteer? <ul style="list-style-type: none">o Companionship visits, talkingo Someone to simply be thereo Crafto Play cards or gameso Read: Would you like someone who will read to you?<ul style="list-style-type: none">▪ If you want someone to read to you, what would you like read?(poems, news, Bible, comics, books, etc)▪ What do you not want read?o Write letters or storieso Help with tasks, such as?o Other requested activity to do with volunteer visitor:
What activities are you <i>not</i> interested in doing with a volunteer visitor?
Emergency Instructions:
Anything else?

Signature _____ **Date** _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____

RELEASE OF INFORMATION

I authorize the exchange of medical and other information both verbally and in writing which is necessary for coordination of care, including volunteer matching, and referrals for support services between Brave Heart Volunteers and the following individuals and organizations:

My family and/or caregiver(s)	Sitka Pioneer Home
My physician Doctor's Name	Swan Lake Senior Center
My pharmacy(s)	SAIL
Mt. Edgecumbe Medical Center	Center for Community
SEARHC	Other:

NOTE: The signer may cross off any individual(s) or organization(s) listed above, provided it does not basically change the intent of the form.

Client or Legal Representative Signature: _____

Date: _____



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PHOTO RELEASE

I grant permission to Brave Heart Volunteers staff and volunteers to take and use photographs, video, and/or voice of me in connection with Brave Heart Volunteers services. I authorize Brave Heart Volunteers to copyright, use and publish the same in print and electronically.

I agree that Brave Heart Volunteers may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, fundraising, and web content.

Client or Legal Representative Signature: _____

Date: _____

Have you had the Covid vaccine?

____yes

____no

Office use only:

Intake Date: _____ Completed by: _____ Location of the CR: _____