

LETTER OF AGREEMENT

SAMPLE

The SENIOR COMPANION PROGRAM has been asked by:

VOLUNTEER STATION

to place SENIOR COMPANION'S NAME

in the home of NAME

ADDRESS ZIP

The following services will be performed under the supervision of the Volunteer Station staff: \_

[Blank lines for listing services]

Suggested schedule of hours and days for the Companion: \_\_\_\_\_

\_\_\_\_\_

Authorized staff from the Senior Companion Program may visit the client and Companion at the client's home during hours of assignment.

Volunteer services may be terminated by the sponsor at any time upon request of the under-signed parties:



Volunteer Station Representative Date

Adult Served (or Legal Guardian) Date

SCP Project Staff Date

Senior Companion Program

149 North Fulton Street
Fresno, CA 93701-1607
(209) 498-6377 Fax (209) 264-0655

CORPORATION
FOR NATIONAL
SERVICE