

**A person with intellectual disability can apply
for a volunteer friend with this application.**



Your contact information:

Name: _____ **Date of birth:** ____ / ____ .

Address: _____

Postal code and city: _____

Official place of residence: _____

Phone number: _____

Additional phone number: _____

Number belongs to: mother assisted living buildings staff
 father someone else, who? _____

Email, that we can contact if needed:

Type of accommodation: at home, with parents
 own apartment
 other unit that offers living services
 staff is not present at night staff is present at night
 somewhere else, where? _____

Where are you during daytimes?

school supported work
 activity center paid work
 day activity at home
 work activity somewhere else, where?
 sinecure _____

Do you need equipments for moving? If yes, which equipments?

Do you have transport service?

yes

no

Could you use it with your friend?

yes

no

How do you communicate?

Do you need equipments for communication? If yes, which equipments?

How do you spend your free time? Do you have any hobbies?

What kind of things are you interested in?

Who do you spend your free time with?

Which kind of friend do you hope to get? (age, gender etc.)

What would you like to do with your friend?

How often would you like to meet your friend?

Where would you like to meet your friend?

Have you been diagnosed with intellectual disability, autism or developmental delay? yes no

Do you have a Friend Card? yes no

Do you know the benefits that Friend Card offers? yes no

If you don't have a Friend Card, would you like to have one? yes no

I give my consent to Ystävänkortti Toiminta to handle the information I have given in my application. (Application cannot be handled if the consent is not given)

PLEASE TICK THE BOX!

Signature

Date

/ .20

(Applicants official home town must be one of these towns: Alajärvi, Alavus, Evijärvi, Halsua, Ilmajoki, Isojoki, Isokyrö, Kannus, Karijoki, Kaskinen, Kauhajoki, Kauhava, Kaustinen, Korsnäs, Kristiinankaupunki, Kuortane, Kurikka, Laihia, Lappajärvi, Lapua, Lestijärvi, Maalahti, Mustasaari, Närpiö, Seinäjoki, Soini, Teuva, Toholampi, Vaasa, Veteli, Vimpeli, Vöyri ja Ähtäri.)



Thank you for your answer!
Mail this form to the address below:

**Ystävänkortti Toiminta
Kauppaneliö 13 H 8
60120 Seinäjoki**

Coordinator Sirpa Saarimäki p. 040 832 9721
Coordinator Suvi Tammela p. 050 546 8102
Office Worker p. 040 722 2342