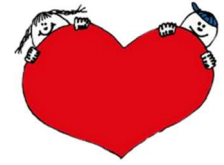


**A person with intellectual disability can apply  
for a volunteer friend with this application.**



**Your contact information:**

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_ / \_\_\_\_ .20

**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 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



FUNDED BY  
Ministry of  
Social Affairs and Health

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

**Ystävänkortti Toiminta  
Frami D, Tiedekatu 2  
60320 Seinäjoki**

Coordinator p. 040 832 9721  
Office Worker p. 040 722 2342