VOLUNTEER BEFRIENDER ROLE AND GUIDELINES
FOR CLIENTS WITH MEMORY LOSS

[This document is intended to outline expectations and volunteer activities. It is not intended to create a legally binding relationship between the Volunteer and the AJR]

Purpose of Role
To visit a client on a regular basis in order to reduce their isolation and loneliness and give them specialised one to one befriending. You will be providing a much needed befriending role which may be the only “one to one” contact a client has all week.

Description of Volunteer Role
1. To visit the client on a regular basis in order to build up a relationship.
2. To telephone the client/carer on the day of your visit in order to make sure you are expected.
3. To inform the client/carer/family and the Project Coordinator if you are not able to make a visit.
4. To provide a one to one experience and use the resources appropriate for your individual visit.
5. To provide regular feedback to the Project Coordinator.
6. To keep within the boundaries of your role.
7. To understand and keep within the boundaries of confidentiality
8. To notify the Project Coordinator of any cause for concern either by telephone or e-mail
9. To attend initial and regular training sessions.
10. To “check in and out” of a befriending visit (this is to ensure that you have arrived to and from a client safely).

You will be provided with
1. Training in working with holocaust survivors/refugees.
2. Training in working within boundaries and confidentiality.
3. Training in working with clients with memory loss.
4. Support on your initial visit and/or subsequent visits with client by the Project Coordinator.
5. Regular contact with the Project Coordinator by telephone or e-mail in order to ascertain any concerns etc that you may have.
6. Regular contact with the Project Coordinator by telephone or e-mail in order to identify any improvements to the client (even if it is just a smile).
7. Regular meetings with other volunteers who are befriending clients with memory loss.
8. An AJR identification badge in order to identify yourself.
9. Reimbursement of “out of pocket” expenses including travel, or appropriate resources (e.g. flowers that the client may like to look at/smell, music, jigsaw etc.)

THANK YOU!