



Orphean Circus, Fairview Hospital
and Medical Reserve Corps bring you...

“We Read Stories”

PROGRAM DESCRIPTION

The We Read Stories program is a pilot program that resulted from a collaboration between Bard College at Simon’s Rock, Fairview Hospital and the Medical Reserve Corps that matches vetted volunteers with Seniors who would benefit from someone to check in with them and read them a story. All MRC Volunteers are screened, have had their background checked and have received both general and program-specific training. Under this program, MRC Volunteers will contact the Senior assigned to them to do a quick check in and then read them a 15-minute story once a week.

ROLE OF COUNCIL ON AGING PARTNERS

The role of the Council on Aging is a very important one because you best know the needs of the seniors in your community and also may know what seniors may be at risk of isolation and loneliness, especially during this time of COVID19.

PARTICIPANT IDENTIFICATION

The initial roll of participating Council on Aging programs is to identify seniors who may

- (a) Benefit from having someone reach out to them once a week to check in and read a story to them; and
- (b) Be able to understand what the program is and why a volunteer is contacting them.

CONTACT SENIORS

In your roll, we ask that you contact the Senior at three different times:

1. FOR INITIAL PERMISSION TO PARTICIPATE IN PROGRAM

If you know of a senior who may benefit from this program, we ask that you contact the senior to explain the program and ask whether they would like to participate and gather information asked for on the Referral Form located on the back of this document.

2. AFTER MATCH TO NOTIFY SENIOR OF DATE/TIME TO EXPECT CALL

3. AFTER FIRST STORY TO SEE IF THE SENIOR ENJOYED THE CALL AND GIVE FEEDBACK TO MRC (Carmela Lanza-Weil carmela@wmmrc.org)

REFERRAL

To enroll a Senior in this program, we ask that you fill out the Referral Form found on the back of this document and submit it to the MRC (Carmela Lanza-Weil carmela@wmmrc.org).

FOLLOW UP

Concerns regarding the general well-being or needs of the Senior identified by the Volunteer will be relayed to the COA Contact through the MRC office.



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PROGRAM INTAKE FORM

SENIOR INFORMATION

FIRST NAME: _____

TOWN: _____

PHONE NUMBER: _____

PHONE TYPE (circle one): HOME CELL

AVAILABLE DAYS (circle all that apply)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AVAILABLE TIMES (circle all that apply)

10:00AM 1:00PM 3:00PM 6:00PM

INTERESTS

ADDITIONAL COMMENTS: _____



REFERRING COUNCIL ON AGING INFORMATION

FULL NAME: _____ TOWN COA: _____

PHONE NUMBER: _____ EMAIL: _____

PLEASE AGREE TO ALL

- The Senior has agreed to participate in the We Read Stories program
- I agree to notify the Senior about the initial day/time for their first story
- I agree to follow up with Senior after first contact to see how things went and report feedback to MRC (Carmela Lanza-Weil, Carmela@wmmrc.org)