

FRIENDLY CALLERS CLIENT ENROLLMENT FORM

PERSONAL INFORMATION					
NAME				DOB	
ADDRESS			CITY/ZIP		
PHONE			EMAIL		
GENDER	M <input type="checkbox"/> F <input type="checkbox"/>	VETERAN?	Y <input type="checkbox"/> N <input type="checkbox"/>	SPOKEN LANGUAGE(S)	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER (LIST)
ETHNICITY	<input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> HISPANIC/LATINO		<input type="checkbox"/> NON-HISPANIC/LATINO <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PREFER NOT TO ANSWER		

AVAILABILITY							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

EMERGENCY CONTACT				
NAME			PHONE	
RELATIONSHIP			EMAIL	

By signing this form, I hereby consent to having MAG Aging and Family Services Staff contact me monthly regarding the Friendly Callers program. I further consent to having my assigned Friendly Caller volunteer being given my name and phone number and to having my volunteer contact my phone.

My typed signature below substitutes as my signature.

NAME			DATE	
------	--	--	------	--

ASSIGNED VOLUNTEER (OFFICE USE ONLY)				
NAME			PHONE	