

PAL Stratford Inc.

P. O. Box 23040
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Intake Form

PAL Stratford Outreach Volunteers Can Offer:

1. Light housekeeping
2. Grocery shopping and other errands within the City of Stratford
3. Light gardening tasks
4. Companionship

(*PAL Stratford can provide transportation within Stratford through its Taxi Service program.)

Client Information

Name: _____ Preferred pronouns: _____

Address: _____

Phone: _____ Email: _____

Trusted Contact

Name: _____ Relationship: _____

Phone: _____

AFFIRMATION REGARDING PAL COMMUNITY OUTREACH SERVICES

As a member of the professional arts community over the age of 55, or over the age of 50 with a disability, I am requesting the services offered by PAL Stratford Community Outreach.

I consent for PAL Stratford volunteers to enter my home for light housekeeping and/or companionship.

I understand that PAL Stratford volunteers cannot administer medication or any other medical supports or advice, nor can they be involved with my financial and legal affairs.

Signature

Date