

## **PAL Stratford Inc.**

P. O. Box 23040  
Stratford, ON, N4A 7V8  
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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