City of Pullman

Dear Neighbor Project

Senior Registration

Name_____ Date: _____

Address _____

Phone _____ ⬜Hm ⬜Cell Best Time to Call _____

Birthdate Mo:_____ Day:_____ Year of Birth:_____ Sex: □ Male □ Female

Email_____

Emergency contact:

Name_____ Relationship _____

Phone_____⬜Hm ⬜Cell Location _____

Program preferences:

Pen Pal: ☐ Weekly ☐ Monthly ☐ Holidays ☐ As needed

Companion: ☐ Phone calls ☐ In-home visits

What are your hobbies and interests? _____

_____

What do you hope to get out of this pen pal program? _____

_____

Languages you speak other than English: _____

Other notes about your availability (time of day, schedule) _____

_____

I prefer to receive c one-on-one help (on-going) c chore crew help (one-time) c no preference

I understand that I am requesting volunteer services and that, if a volunteer is placed with me, services will not be provided by a paid professional. I agree to not expose the volunteer to risks or unrealistic expectations for services. I will contact the Program Coordinator if I have questions or concerns.

_____ _____

Signature **Date**