

Participant Registration Form

Thank you for your interest in the Keep In Touch program. This program will provide a friendly volunteer with who you can chat with on a weekly basis. All volunteers are verified for safety and you can stop using this program at any time. Please note that volunteers have basic training and are only intended as a friendly wellness chat. They can also help you find access to community resources.

Once you have completed this form, send it to the email below and you will be paired with an individual from the community. If you have any questions, please call your local FCSS office. Contact information can be found at the bottom of this form.

First and Last Name: _____

Birth Year: _____

Main Phone: _____

Other Phone: _____

Address: _____

Email: _____

What Language(s) are you comfortable speaking: _____

Staff will check in with **you** periodically to see how the calls are going. Please circle your preferred method of contact. **Email** or **Phone**

How many calls per week would you like to receive? _____

Check the times/days of the week that you would like to receive the calls:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9 am – 11 pm)							
Afternoon (2 – 4 pm)							
Evening (6 – 8 pm)							

Notes:

Signature

Date

Once you have been paired with a volunteer, we will connect with you to provide further information. Thank you for reaching out. We will get through this together!

Referring Agency & Contact:

Contact:

Town of Strathmore FCSS
 Phone: 403-934-9090
 Email: fcss@strathmore.ca

Wheatland FCSS
 Phone: 403-934-5335
 Email: info@wfcss.org