



REQUEST FOR SERVICE

The information you provide will help Good Samaritan volunteers assist you in the best possible way and with your needs and safety in mind. All information will be held in strictest confidence.

NAME _____

ADDRESS _____

PHONE (H) _____

(C) _____

E-MAIL _____

What is the best way to contact you?

(a) home phone (b) cell phone (c) e-mail (d) text message

What assistance are you seeking? Please explain in detail.

(OVER)

How often do you require assistance? (e.g. once a week, once a month)

If you require transportation to a Doctor's office, medical facility or physical therapy site, please provide the name, address and phone number of the doctor or facility.

Please indicate any medical conditions/medications that the volunteer should be aware of (e.g. diabetes).

Please provide the name, address and phone number of a family member or someone to contact in case of an emergency.

Signature

Date