MARCH OF DIMES CANADA LA MARCHE DES DIX SOUS DU CANADA

BeFriending® Consumer Application

Consumer Information

Surname:	First Name:	Initial(s):
Address (#, street, unit):		
City/Town/Municipality:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:
E-mail Address:		I am 18 years of age or older ☐ Yes ☐ No

Contact Information

Best time of day to contact me *(check all that apply)***:**
☐ Morning ☐ Afternoon ☐ Evening

Best days of the week to contact me*(all that apply)***:**
☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat ☐Sun

Emergency Contact Information

Surname:	First Name:	Initial(s)"
Address (#, street, unit):		
City/Town/Municipality:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:

Program Information

How did you hear about this program? *(e.g., word of mouth, ad, newspaper, etc.)*

Why are you interested in becoming involved with the BeFriending® Program?

Do you use an Augmentative and Alternative Communication Device? ☐ Yes ☐ No

Please state your interests/ skills/ activities:

Do you have any allergies *(i.e. pets, food, smoke, environmental, etc)?*

Sign-off

Applicant Name:	Applicant Signature:	Date: