

# Haywood Community Connections

## Phone-a-Friend Program

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Your Phone Number \_\_\_\_\_

Your Birthday \_\_\_\_\_

If you do not answer the phone, Phone-a-Friend will make two additional calls. If there is still no answer, who should we call as emergency contacts? (Please place 1, 2, 3...before the person's name, so we know who to call first, second, and third.)

**FAMILY:** Name \_\_\_\_\_

Phone number: home \_\_\_\_\_ work \_\_\_\_\_

Does this person have a key? Yes \_\_\_\_\_ no \_\_\_\_\_

**FAMILY:** Name \_\_\_\_\_

Phone number: home \_\_\_\_\_ work \_\_\_\_\_

Does this person have a key? yes \_\_\_\_\_ no \_\_\_\_\_

**CLOSE FRIEND OR NEIGHBOR:**

Name \_\_\_\_\_

Phone number: home \_\_\_\_\_ work \_\_\_\_\_

Address \_\_\_\_\_

Does this person have a key? yes \_\_\_\_\_ no \_\_\_\_\_

**MEDICAL INFORMATION:**

Are you currently under a doctor's care? yes \_\_\_ no \_\_\_

DOCTOR: Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Are there any medical conditions we need to know in the event of an emergency?

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**CHURCH:**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

**HOUSING INFORMATION:**

I live in a: house \_\_\_\_\_ apartment \_\_\_\_\_ mobile home \_\_\_\_\_

HOBBIES OR SPECIAL INTERESTS \_\_\_\_\_

Special Notes: Is there anything special you would like us to know about you?

**THANK YOU FOR COMPLETING THIS APPLICATION. WE HOPE THAT THESE CALLS WILL HELP YOU FEEL SAFER IN KNOWING YOUR COMMUNITY CARES ABOUT YOU. PLEASE RETURN OR MAIL THIS APPLICATION WITH THE AGREEMENT TO:**

**Haywood Community Connections  
Phone-a-Friend Program  
81 Elmwood Way  
Waynesville, N.C. 28786**

# **Haywood Community Connections**

## **Phone-a-Friend AGREEMENT**

**YOUR NAME** \_\_\_\_\_

**YOUR PHONE** \_\_\_\_\_

**YOUR ADDRESS** \_\_\_\_\_

**TOWN** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**I wish to belong to the Phone-a-Friend PROGRAM.**

**I understand that this service is to be a brief, Monday through Friday, telephone call to check on my well-being. This is provided free of charge. I will be willing to let Haywood Community Connections know if I will be away or unable to answer the phone at the appointed time. I will call 452-2370.**

**Neither Haywood Community Connections, Mountain Projects, Inc. nor any other agency or party hereto involved in such services shall be responsible or liable for any reason to render such service or for any acts of or omissions to acts in connection with such service.**

**In the event Haywood Community Connections Phone-a-Friend is unable to contact me by phone, I hereby give permission to contact designated persons on the application. In the event of a true emergency, I give Haywood Community Connections permission to release my name and location to get emergency assistance.**

**PRINTED NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_