

Telephone Reassurance and/or Friendly Visiting Programs

CONSENT TO RELEASE INFORMATION

I would like to participate in the following program(s):

- Telephone Reassurance – a trained volunteer or senior center staff will contact me by phone at a mutually agreed upon days and time.
- Friendly Visiting – a trained volunteer or senior center staff will come to my home for brief visits at a mutually agreed upon days and time.

I authorize _____ to release
(Name of agency)
my contact information to the trained volunteer or staff person, so they can contact me.

This authorization and consent is valid from October 1, 2019 to September 30, 2020.

I understand that I may revoke this consent at any time by contacting the volunteer or agency staff.

Telephone Reassurance (TR): Name: _____

Phone # _____

Friendly Visiting (FV): Name: _____

Address: _____

Phone #: _____

Participant Signature

Date

Agency Representative

Date