



Start Date _____
Group # _____

RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)
Service With Love Client Registration

Name _____ Birthdate _____

Address _____ Male ___ Female ___

City _____ Zip _____ Phone () _____

If you do not wish us to contact anyone to check on your safety, please check the box below and turn to the agreement section on the reverse side.

_____ I request no follow-up calls.

If you do wish a follow-up, please list three people who **live your area** who can be contacted in case of an emergency. Please check which persons have a key to your home.

1st Contact:

Name _____ Phone () _____

Address _____ City _____

Relationship _____ Key? Yes ___ No ___

2nd Contact: (if no answer with first contact)

Name _____ Phone () _____

Address _____ City _____

Relationship _____ Key? Yes ___ No ___

3rd Contact: (if no answer from 1st or 2nd contacts)

Name _____ Phone () _____

Address _____ City _____

Relationship _____ Key? Yes ___ No ___

If you do not have a close relative in this area, please provide the information below for a relative in some other part of the country.)

Name _____ Relationship _____

Phone () _____ (Must include Area Code.)

Address _____

City _____ State _____ Zip _____

Please read and sign the reverse side of this form. Thank you.

I, _____, on behalf of myself and anyone acting in my behalf, agree to save and hold harmless, release, and waive all claims against the Retired and Senior Volunteer Program/Sinai Hospital Guild Service With Love program, its volunteers; Sinai Hospital, its officers, trustees, directors, agents and representatives; Catholic Social Services and its officers, trustees, agents and representatives and any affiliated organizations including but not limited to the Archdiocese of Detroit; of all liability of any nature whatsoever, including but not limited to the cost of investigation, litigation, judgment, and attorney fees arising out of my participation in the Retired and Senior Volunteer Program/Sinai Hospital Guild Service With Love Program.

AGREEMENT

As a client of the Retired and Senior Volunteer Program/Sinai Hospital Guild Service With Love Program, I agree to the following conditions:

I will be home between the hours of 9 a.m. and 11 a.m. each weekday morning to receive a call from the Services With Love volunteer.

I will notify the volunteer or Service With Love office, 313-278-7796, as soon as possible if I will not be home to receive my call.

I understand that if Service With Love cannot contact me by phone within two business days, the contact persons I have listed will be called to inquire about my safety and/or to let them know I have not answered my phone unless I have specified that no such follow-up calls be made.

Signed: _____ Date _____

Telephone agreement _____ Staff Initials _____

Referral Source:

Name _____

Agency _____

Telephone _____