

Request for Wellness Check



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Frequency of contact you wish

Daily Every other day
 Weekly
 Other – explain >>>>> _____

Type of contact you wish

In person
 Phone
 email
 Text

The frequency and type of contact will be mutually agreed upon by the Volunteer and the Member.

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Additional Information

Please provide any additional information that you feel will help us provide the best service for you.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application I understand and agree to the guidelines under which the Greater Stonegate Village is providing this Wellness Check service. Specifically, I give the Greater Stonegate Village and the GSV Volunteers permission to come onto my property to the extent necessary to provide this service. I may cancel this service and cancel this permission in writing at any time.

Name (printed)	
Signature	
Date	

Our Policy

The GSV does not guarantee this service will be available at all times or at any specific given time. If the service cannot be provided you will be notified within 72 hours.

The GSV Board reserves the right to modify any and all of the Wellness Check guidelines as necessary.

Thank you for completing this application form. We will now promptly arrange for your service. A Village representative will contact you with further information.