



PERFORMING ARTS LODGE

Office Phone: 604-255-4312

For Office Use Only

File Number: _____ Date: _____

PAL's ANGELS REGISTRATION FORM

(PLEASE PRINT CLEARLY)

1. Personal information:

Form with fields for Last Name, First Name, Mr./Mrs./Miss/Ms., Address, Mailing address, Home Phone, Message Phone, and Email.

2. Please indicate which of these services you would be willing to provide.

- List of services with checkboxes: Driver, Companion, Phone calls, Reading books, Cooking assistance, Light manual labour, Massage, Community information, Medical information, Other donated services, Visits, Email conversations, Light housekeeping, Small repairs, Income tax assistance, Reflexology, Financial information.

3. Please indicate your preferred availability.

- Availability options: When (Week Days, Weekends, Flexible), Times (Mornings, Afternoons, Evenings, Flexible), Number of Hours available (hours per week, hours per month, Flexible), and role preference (Team Coordinator, Team Member).