

Seven Hills Caring Calls Initial Sign up

Participant Information

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Choice of Program: (Check one)

1 Call per week. (Weekly calls will be placed on Mondays)

5 Calls per week (Monday –Friday)

If there is a day or days that you are regularly not home (doctors appointment, church, family visits), please indicate below. Your file will be noted and volunteers will not call on these specific days.
