



Leisure Buddy Program - Participant Registration Form

Date: _____

Please Print Clearly

Personal Information	
Last Name:	First Name:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
<input type="checkbox"/> Your Age is 55+ (Optional to Disclose)	
Emergency Contact Name:	
Phone:	Relationship to You:

Availability	
Mondays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Tuesdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Wednesdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Thursdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Fridays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Saturdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Sundays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)

Transportation
Mode of Transportation:
<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Cycling
<input type="checkbox"/> Walking <input type="checkbox"/> Other: _____

Access to Areas in the City of London
Which of the following areas of the City of London you are able to access (check all that apply):
<input type="checkbox"/> Northwest (Canada Games Aquatic Centre, Gibbons Park, Medway Arena & Community Centre)
<input type="checkbox"/> Northeast (North London Optimist CC, Stoney Creek YMCA & Library, Stronach Community Centre)
<input type="checkbox"/> Southeast (Horton Street Seniors' Centre, Hamilton Road Seniors' Centre, Carling Heights Optimist CC)
<input type="checkbox"/> Southwest (Kiwanis Seniors' Community Centre, Bostwick YMCA & Library, Berkshire Club)

What languages do you speak?



What do you hope to gain from this program?

What are your interests, hobbies, and leisure activities?

Special considerations:

- Diet _____
- Medication _____
- Allergies _____
- Mobility Aids _____
- Other _____

Please mail your completed application to:

**Michelle Dellamora
Neighbourhood, Children, and Fire Services, City of London
355 Wellington Street, Suite #248
P.O. Box 5045, N6A 4L6**

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The personal information collected on this form is collected under the authority of the *Municipal Act 2001 as amended*, and will be used to administer the Age Friendly Leisure Buddy program. Questions about this collection should be addressed to Michelle Dellamora at 355 Wellington St., Suite 248, London, Ontario, N6A 3N7. Tel: (519)661-CITY (2489) ext. 7208.