

**Contact Information**

Name: \_\_\_\_\_  
(first) (last)

Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_

**General Questions**

- |   | Yes | No |
|---|-----|----|
| 1. I would like to develop a friendship with an elder?  |     |    |
| 2. I can visit my new elder friend at least once a week?  |     |    |
| 3. I can visit my new elder friend for a year?  |     |    |
| 4. I am willing to participate in the application process?  |     |    |
| 5. I cannot commit for a year, but would love to hear about other ways to support Family Lifeline's ElderFriends program? |     |    |

Today's Date: \_\_\_\_\_

**Three ways to return your completed form:**

Email: [elderfriends@familylifeline.org](mailto:elderfriends@familylifeline.org) Fax: (804) 285-3701

Mail: ElderFriends | 2325 West Broad Street | Richmond, VA | 23220

**Any questions, feel free to call us at:**  
(804) 249-5432