



# Oceanside Community Safety Volunteers

## Keeping in Touch Program Application

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**Please print clearly.**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Local Contact #1 Name: \_\_\_\_\_ Key Holder

Local Contact #1 Address: \_\_\_\_\_

Local Contact #1 Telephone: \_\_\_\_\_

Local Contact #2 Name: \_\_\_\_\_ Key Holder

Local Contact #2 Address: \_\_\_\_\_

Local Contact #2 Telephone: \_\_\_\_\_

Preferred call time between 9:00am and 10:00 am: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Important medical information such as medications or illnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pets in the home: \_\_\_\_\_

Mobility issues: \_\_\_\_\_

Hearing issues: \_\_\_\_\_

Speech issues: \_\_\_\_\_

Vision issues: \_\_\_\_\_

Memory issues: \_\_\_\_\_

Special interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use:**

Referred by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of interview: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Please mail or bring the completed form to either one of our Community Safety Offices at #104-660 Primrose Street in Qualicum Beach BC or 100 Jensen Avenue East in Parksville. The office addresses are also listed on our website: [www.oceansidecsv.org](http://www.oceansidecsv.org)

You may also scan the completed form and email it to [kit@oceansidecsv.org](mailto:kit@oceansidecsv.org)