



REGISTRATION

Name _____ E-mail _____

Home Address: _____
Street City State Zip Code

Mailing Address, if different from above: _____

Home Phone: _____ Cell Phone: _____
(Circle preferred phone)

Date of Birth: _____
Month Day Year

I am interested in the following services (please check all that apply):

_____ LIVE AT HOME such as light housekeeping, transportation, visiting

_____ CAREGIVER SUPPORT such as Support Groups or Individual Time

_____ CLASSES such as Matter of Balance, Powerful Tools for Caregivers

_____ ACTIVITY such as Exercise Class, Social Group, Lunch & Learn

_____ Other: Describe _____

I agree to receive services from CREST. I understand that any information I provide to CREST will be kept confidential. Information will be shared only with CREST Staff as related to services and not with other agencies or persons without authorization.

Signature _____ Date _____

Name of Person Completing Form, if different from above: _____
Relationship _____ Phone _____

Questions? Call 507-235-3833

Bring or mail to: 820 Winnebago Ave. Suite 2, Fairmont, MN 56031

E-mail to: CREST@crestvolunteers.org