

**CARING FRIENDS
ST. PAUL'S RESPITE MINISTRY
Companion/Volunteer Information**

Date: _____

Name: _____

Address: _____

Phone numbers: _____

Email: _____

Interest in program: _____

Past experience relevant to Respite Care:

Consent

I consent to a background check.

I am aware that all information regarding Friends learned as a result of performing my role in the Caring Friend's Program should be regarded as confidential and may not be used or shared outside of the Program.

Signature _____