



Host / Friend Information Form

All information is confidential. Date: _____

Name(s): _____

Address: _____

Postal Code: _____

Closest Major Intersection: _____

Phone Numbers	Name	_____	_____
	Home	() _____	() _____
	Business	() _____	() _____
	Email	_____	_____

How did you learn about Extend-A-Family? _____

Why would you like to get involved? _____

What is your availability? _____

What interests/activities do you and/or your family enjoy? _____

What volunteer experience do you have? _____

What involvement, if any, have you had with a person with a disability? _____

Is there any other information that you wish to share? _____

In consideration for those who may be meeting with you in your home, we are asking:

Does anyone in your home smoke? _____ Do you have any pets? _____

Criminal Reference Checks are required for everyone 18 years of age and over living in your home. Forms will be provided. For criminal reference check purposes, please list names all other people living in your home.

Reference Consent Form Please print and complete this form in detail. Be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

Most Current or Recent Employment or Volunteer Opportunity

Name of Employer / Organization	
Name of Supervisor	
Position Title	
Employment / volunteer period	
Telephone number	

Other Reference

Name of individual / organization	
Relationship to candidate	
Known candidate for	
Telephone number	

Other Reference

Name of individual / organization	
Relationship to candidate	
Known candidate for	
Telephone number	

"I/We hereby authorize Extend-A-Family to contact, in strict confidence, the attached listed references and to verify all statements made. I/We release Extend-A-Family from any liability in contacting these references. I/We understand that any untrue, misleading or omitted information herein may result in a discontinuation of the relationship with Extend-A-Family, regardless of time of discovery. I/We also understand that statements made become part of my/our ongoing confidential records with the organization.

Signature & Date

Signature & Date

Extend-A-Family, *Building an Inclusive Community*
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