



THE TOWN OF PEACE RIVER, COMMUNITY SERVICES DEPT.
 Box 5162, 10008 100 Avenue, Peace River, AB T8S 1R8
 P (780) 624.1000 | F (780) 624.4664 | www.peaceriver.net

PEACE RIVER MEALS ON WHEELS

CONSENT FORM

Applicants Details

Surname: _____ First Name _____

Address: _____

City: _____ Postal Code _____

Phone: (Home) _____ Phone (Cell) _____

I give permission for volunteer or staff of Peace River Meals on Wheels

Please circle **yes** or **no** to the following:

Be prepared to receive my meal between 5.30pm – 6.30pm	Y	N
To enter my premises in order to deliver meals	Y	N
I will consume all food delivered to me within 24 hrs of delivery	Y	N
Arrangements will be made for meal to be left in my absence at the time of delivery	Y	N
If no provision made for the meal delivery, I will still be responsible to pay for that meal	Y	N
If need to put meal on hold I will contact the Coordinator at (780)624-1000 within 24 hrs	Y	N
I agree to pay \$20.00 service charge on any returned chq issued as payment for the meal	Y	N
To call for an ambulance or notify any of my contacts for my well being	Y	N

To enter and search for me if the door is unlocked and I do not answer	Y	N
I agree to my personal details being kept confidential in the office of Community Services	Y	N
I agree to my personal information shared with the food provider and being kept confidential	Y	N

I hereby release Town of Peace River of any liability for any substitution (not included in the meal package) that the client may add after the meal is delivered.	Y	N
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Signature	
Applicants Signature _____	Date _____
Witness: (if applicable) _____	Date _____

OR

I verify that the consent was given verbally	
Name: _____	Position (PRMOW) _____
Signature: _____	Date _____