



STAY at HOME

P.O. Box 46
Wilton, CT 06897

in *Wilton*

www.stayathomeinwilton.org

Membership

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell/mobile: _____ Fax: _____

Preferred method of contact: _____

Emergency Contact 1: Name _____

Relationship _____ Phone _____

Emergency Contact 2: Name _____

Relationship _____ Phone _____

Wilton Contact: Name _____

Relationship _____ Phone _____

Special circumstances or home issues you would like us to note:

Social Interests:

Children (name and contact information):

Known health issues:

(See second page)

Primary doctor: _____

Birthday: _____

Wilton affiliations: _____

Lifeline? Yes _____ **No** _____ **First contact:** _____

Member who suggested you Join: _____

Services that will be accessible include Household Services, Transportation, and Social Programs.

These services are to be provided on a volunteer basis, and best efforts will be made to assure that these services are provided in a timely, safe and proper manner, recognizing that an occasional mistake will be made for which Stay at Home in Wilton is not liable. Recommended contractor services are solely provided by the contractor, and our participation is only to assure that the contractors are properly licensed and insured.

Member acknowledges and agrees that Stay at Home in Wilton is not responsible for any damages or liabilities that result from Member's use of Stay at Home In Wilton's services.

Signed by Member _____ **Date** _____

Send completed forms to:

**Stay at Home in Wilton, Inc.
P.O. Box 46
Wilton, CT 06897-0046**

and include a check:

**for one individual in a home: \$360
for two individuals in a home: \$480**

Would you be willing to also be a volunteer: Yes _____ **No** _____