



Center Harbor, Meredith and Moultonborough
COMMUNITY CAREGIVERS, Inc.

P.O. Box 78 Center Harbor, NH 03226-0078
Phone: 603-253-9275 Fax: 603-253-9274
Chmmcommunitycaregivers.org

NEIGHBOR APPLICATION

NAME _____
Last First Middle Initial

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TEL: _____ DOB: _____

EMERGENCY CONTACT

NAME _____ DAYTIME PHONE _____

MAILING ADDRESS _____

FAMILY CONTACT

NAME _____ RELATIONSHIP _____ DAYTIME PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

In completing this application, I agree that all information is correct to the best of my knowledge. I also agree that services will be provided by volunteers in response to each individual service I request. My signature will be kept on record by CHMM Community Caregivers and will apply to all services provided. I understand that CHMM Community Caregivers will keep all information I provide confidential.

SIGNATURE: _____ DATE: _____