



**Friends For Life**

*In partnership with Young Life*

5360 NJ-42 Blackwood NJ  
(856)302-1804

Email: [FriendsForLife@CC-GC.org](mailto:FriendsForLife@CC-GC.org)

Find us at:

 **Friends For Life CCGC**

**FFL** - [www.cc-gc.org](http://www.cc-gc.org)

**FFL Bi-Monthly Food sign up**



**Participant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Name

\_\_\_\_\_  
City, State, Zip Code

**Phone # (with area code):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Caregiver(s)/Guardian(s) Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Emergency Phone # (include area code):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Medical Condition(s) (IE seizure, diabetic):** \_\_\_\_\_

\_\_\_\_\_

**SEIZURE:** Describe **\*BE SPECIFIC:** \_\_\_\_\_

\_\_\_\_\_

**Allergies:** YES (Describe) \_\_\_\_\_ or NO

**LATEX Allergy:** YES or NO

**Any Special Diet:** YES (describe) \_\_\_\_\_ or NO

**Special Need &/or Disability:** \_\_\_\_\_

- Check all that Apply:**
- Toilets independently
  - Needs supervision toileting
  - Hearing Aid(s)
  - Walker
  - Sign Language
  - Language Board

Is there anything else we should know in order to help your loved one?

\_\_\_\_\_  
\_\_\_\_\_

**Consent:**

I, \_\_\_\_\_, the caregiver / guardian of  
\_\_\_\_\_ give my permission to Friends for Life staff/volunteers  
to administer personal hygiene care as follows: \_\_\_\_\_

\_\_\_\_\_

Printed Name of Caregiver(s) / Guardian(s)

\_\_\_\_\_  
Signature(s) **Date:** \_\_\_\_\_

Printed Name of Caregiver(s) / Guardian(s)

\_\_\_\_\_  
Signature(s) **Date:** \_\_\_\_\_

**Consent to Photograph/Video:**

I hereby grant permission to Friends for Life Ministry leaders and volunteers to take photographs &/or videos of participant and utilize them for social media &/or printed material without receiving compensation or approval rights.

**Date:** \_\_\_\_\_

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**Signature**