

RESOURCE PARENT / RESOURCE FAMILY MEMBER Preferred Roles and Method of Contact

Name:					
Address:		City / Province:		Postal Code:	
Home Phone:		Work Phone:		Cell Number:	
Email Address:					

	Yes	No
I want to continue as an active volunteer RP/RFM for the Family Support Institute (FSI)	<input type="checkbox"/>	<input type="checkbox"/>
I want to remain a member of FSI	<input type="checkbox"/>	<input type="checkbox"/>

▪ **To select, please click in the box in the column to the left**

	RP/RFM Preferred Role		RP/RFM Preferred Method of Contact
<input type="checkbox"/>	Family Support Calls	<input type="checkbox"/>	Phone – Cell
<input type="checkbox"/>	Workshop Presenter	<input type="checkbox"/>	Phone – Home
<input type="checkbox"/>	Transition Fairs – FSI Displays	<input type="checkbox"/>	Phone – Work
<input type="checkbox"/>	Mentor (for new RP/RFM)	<input type="checkbox"/>	Email
<input type="checkbox"/>	Attend Meetings in Person (eg. IEP's, medical appointments, ministry meetings)	<input type="checkbox"/>	Mail
<input type="checkbox"/>	Community Out Reach	<input type="checkbox"/>	SMS/Text
<input type="checkbox"/>	Historian		
	RP/RFM Role - Other		Preferred Method of Contact – Other
	RP/RFM Comment		