



Empower Engage Educate

Last Name:		First Name:		
Intake Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Middle Initial(s):	
Address:			Date of Birth (DD/MM/YYYY):	
City:	Province:	Postal Code:		
Home Phone:	Cell Phone:	Work Phone:		
E-mail Address:				
Type of Device: Windows Apple Smartphone Tablet Laptop				
Donation Amount:				

Emergency contact information:

Last Name:		First Name:		
Home Phone:	Cell Phone:	Relationship:		

Clients Rights and Responsibilities:

The computer program is led by volunteers and is operated through donations to keep this program ongoing. It is for volunteers who have an interest in teaching seniors about electronic devices and social media. Please treat the volunteers with respect. Volunteer and students will have their personal information kept confidential at all times such as, phone number and address. If you need to cancel an appointment contact your instructor as soon as possible by email. If unable to get a hold of your instructor email volunteer@comeshare.ca or call 604.531.9400 (Monday to Friday 9-4).

Client Consent Information:

I _____ am using my personal laptop, iPad, tablet and other media device(s) to use while taking computer lessons. I understand that these classes are offered by volunteers with varying levels of computer related skills and expertise. I agree that I will not hold the agency or the volunteers responsible or liable for any problems or damages that may incur as a result of the use of my laptop, iPad, tablet and other media device during my lessons.

Email Authorization:

I _____ give full authorization to the computer instructor to have my personal email for communication purposes mainly for scheduling or cancelation of lessons by the Computer Student of Seniors Come Share Society.

By signing this form, I acknowledge and understand the terms and conditions mentioned above of my responsibilities into the computer program.

Signature Computer Student _____ Date _____