



**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Interests & Activities (e.g. skating, stamp collecting, reading, hiking, cooking, hockey, puzzles ...)

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Interests & Activities (e.g. skating, stamp collecting, reading, hiking, cooking, hockey, puzzles ...)

**Home Phone:** \_\_\_\_\_ **Anniversary:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address
City
Postal Code

**How would you describe your typical week?**

- Relaxed       Full but manageable       A little too full       Crazy busy!

**Please check the ways you would like to invest in the lives of your partnership family:**

- Prayer       Recognizing special events (e.g. Birthdays)       Childcare
- Occasional meals together       Attending children’s games       Practical help
- Transporting kids to activities       Home maintenance       Help kids with homework



**Are there any other ways you might like to support/encourage your partnership family? Include any practical skills you might like to share (e.g. gardening, cooking, appliance repairs, income tax filing)**

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**Do you have preferences regarding family dynamics (e.g. older/younger children, small/large family)?**

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**Do you have any dietary issues that the partnership family should be aware of?**

No  Yes. Please explain:

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**Do you have any medical issues that the partnership family should be aware of?**

No  Yes. Please explain:

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**Any further comments that would help us match you with a family?**

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