

FIREWOOD REFERRAL FORM

Good Neighbour



CONTACT DETAILS

Name			
Address			
Phone		Email	
Adult / Senior <small>circle one</small>			
Number of Dependents			
Hazards on site e.g. dog			

FIREWOOD CONDITIONS

- I would like to receive some firewood and I am happy to pay \$40 and will attend one of the firewood mornings.
- I would like to receive the free smoke alarm that the Fire Services are offering and I give consent for my contact details to be forward to them to arrange installation.
- I understand that my chimney should be regularly cleaned and fireplace in safe and working order.
- Is it okay for you/your children to appear in photos for Good Neighbour promotional purposes.
- When necessary, is it okay for us to share your contact details with a Good Neighbour volunteer to help with co-ordination, planning and follow up.

Thanks for allowing us to partner with you and your family.

Signed: Date:

REFERRED TO US BY

Name			
Agency			
Email			
Phone			
Anything we need to know about your client			

OFFICE USE

Date Received			
Date of Firewood Morning		Amount of Firewood	
Client Attending Morning	YES / NO	Agency contacted on Completion	YES / NO
Smoke Alarm Referred to Fire Service	YES / NO	Signature:	