

If you are interested in participating in ISR Connects – C3, please fill this out!

Are you interested in participating in ISR Connects – C3, a program that would support you in getting connected to your neighbors in 2024? _____ **YES** _____ **NO**

If yes, let us know what you would be interested in (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Connect one-on-one with a volunteer or a neighbor. | <input type="checkbox"/> Participate in neighborhood activities. |
| <input type="checkbox"/> Get together with your local community in small groups. | <input type="checkbox"/> In-home activities only. |
| | <input type="checkbox"/> Assistance getting out of the house. |
| | <input type="checkbox"/> Transportation to and from activities. |

If yes, what specific activities interest you? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> a walk at the park or in your neighborhood. | <input type="checkbox"/> attend a parade or a market. |
| <input type="checkbox"/> a trip to the beach. | <input type="checkbox"/> a Falls prevention workshop. |
| <input type="checkbox"/> a trip to a coffee shop. | <input type="checkbox"/> a chair yoga class. |
| <input type="checkbox"/> a Thrift Store shopping trip. | <input type="checkbox"/> a game of cards in your home. |
| <input type="checkbox"/> a ride to a community lunch. | <input type="checkbox"/> work in the garden together. |
| <input type="checkbox"/> a neighborhood potluck. | <input type="checkbox"/> receive letters from a young pen pal. |
| <input type="checkbox"/> a visit to an art gallery. | <input type="checkbox"/> other? _____ |

Provide your name so we can follow up with you: _____

Phone Number and email address: _____

Please mail this back to confirm interest – PO Box 939, Freeland WA 98249, or email bailey@islandseniorservices.org