



**Mental Health Association of San Mateo County  
2686 Spring St., Redwood City, CA 94063**

**SIGN-UP TO HAVE A COMMUNITY FRIEND**

I would like to have a Community Friend help me in going out to have fun. I understand a Community Friend will be contacting me on the phone to arrange our meeting in the community. You have my permission to give my phone number to those employed by the Mental Health Association.

I would like a Community Friend to contact me so we can enjoy the following activities together:

- |   |   |
|---|---|
| <input type="checkbox"/> Visiting museums           | <input type="checkbox"/> Attending sporting events              |
| <input type="checkbox"/> Bingo                      | <input type="checkbox"/> Golf                                   |
| <input type="checkbox"/> Art & Craft Fairs          | <input type="checkbox"/> Computers                              |
| <input type="checkbox"/> Shopping                   | <input type="checkbox"/> Listening to music                     |
| <input type="checkbox"/> Bowling                    | <input type="checkbox"/> Swimming                               |
| <input type="checkbox"/> Dining out                 | <input type="checkbox"/> Reading                                |
| <input type="checkbox"/> Exercise/Physical fitness  | <input type="checkbox"/> Doing crafts                           |
| <input type="checkbox"/> Going to the movies        | <input type="checkbox"/> Getting a manicure/pedicure            |
| <input type="checkbox"/> Going to the park or beach | <input type="checkbox"/> Chess                                  |
| <input type="checkbox"/> Dancing                    | <input type="checkbox"/> Gardening                              |
| <input type="checkbox"/> Plays/Theater              | <input type="checkbox"/> Pool/Billiards                         |
| <input type="checkbox"/> Cooking                    | <input type="checkbox"/> Trips to San Francisco or ___ San Jose |
| <input type="checkbox"/> Other _____                |   |

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_

Return this form by mail to MHA, 2686 Spring St., Redwood City, CA 94063 or by faxing to (650) 368-2534. For further information call (650) 368-3345 ext. 101.