

Information Session Request Form

Group Information

| roup information | | | |
|--|---|---------------|--|
| 1. | What is the name of your group? | | |
| 2. | 2. Briefly describe the group's purpose and membership. | | |
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| 3. | 3. How many members are in your group? | | |
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| 4. Please provide the name and contact information for your group lead(s). | | | |
| Group Lead 1 | | | |
| First Name: | | Last Name: | |
| Email address: | | Phone Number: | |
| Group Lead 2 | | | |
| First Name: | | Last Name: | |
| Email address: | | Phone Number: | |
| Group Lead 3 | | | |
| First Name: | | Last Name: | |
| Email address: | | Phone Number: | |
| 4. How often does your group meet? | | | |

Information Session Request

Is this your first meeting with representatives from homelessness prevention?
 Yes

If no, please describe.

| 6. What questions do you have that you would like answered in the information session? |
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| 7. Is your group currently undertaking any of the community calls to action shared through the Be Part of the Solution Campaign? If yes, please describe. |
| 8. How would you rate your current knowledge of housing and homelessness issues? Scale 1-10, please describe. |
| 9. Is there any other information you would like to provide at this time? |
| OR email the completed form directly to bepartofthesolution@county-lambton.on.ca |