



Culturally Responsive

**CAREGIVER SUPPORT+
DEMENTIA SERVICES**



Memory Mobile Clinic Invitation Form
Volunteers of America MN and WI
3333 N 4th Street, Minneapolis, MN 55412
Helpline: 952-945-4034

Organization: _____

Contact person: _____ E-mail: _____

Phone number: _____

Name of event: _____

Date: _____ Time of Event: _____

Location: _____

of estimated people: _____

Targeted population: _____

Goal of event: _____

Please circle: Indoor Outdoor

Do you have outlet access? Yes No

Is there an event fee? Yes No

 If yes, can fee be waived? Yes No

 If no, registration fee? _____

Would you be able to provide interpreters? Yes No

Would it be possible for a site visit? Yes No

Has this event occurred before? Yes No

If yes, how was previous turnout? _____

Do you have the capacity to fit our mobile unit 42 ft x 14 ft x 10 ft? Yes No

If yes, is parking permit required? Yes No

Thank you for your interest in our memory mobile clinic!

Please scan and e-mail to tuesday.glover@voamn.org or fax: 1-866-501-1486.
If you have any questions or concerns, please call 952-945-4193 or e-mail Tuesday Glover.