

## IN-PERSON MEETING REQUEST AND BOOKING

### PRE-SCREENING QUESTIONS (MUST ANSWER ALL):

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1. Are you currently displaying any symptoms of illness such as sore throat, fever, sneezing, coughing?

Yes

No

2. Have you experienced any symptoms of illness in the last 10 days?

Yes

No

3. Have you travelled outside of Canada in the last 14 days?

Yes

No

4. Do you live in the same household as and/or been in contact with someone who has been confirmed as having COVID-19 or who is exhibiting symptoms such as sore throat, fever, or sneezing?

Yes

No

5. Have you previously been tested for COVID-19 and/or are you awaiting COVID-19 test results?

Yes

No

### IN-PERSON MEETING REQUEST

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1. What is the purpose for booking an in-person appoint? *Check all that apply.*

Access to video conferencing

Access / use of meeting room

Access to the South Kootenay Business Centre

In-person support for: \_\_\_\_\_

Request to meet specifically with:

Loans Manager / Business Analyst

Executive Director

Community Economic Development Co-ordinator

Administration / Office Manager

Self-Employment Co-ordinator (regarding WorkBC program)

*Please note that restrictions have implemented which limit the number of people allowed to occupy any one office and/or meeting room at a time.*

2. Duration of time requested:

Less than 25 minutes

30 – 55 minutes

Other (please specify): \_\_\_\_\_

*Appointments will be booked for a fixed duration of time in order to meet the needs of as many clients as possible, as well as observing safe social distancing protocols and sanitization.*

## CLIENT INFORMATION

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Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Organization / Business \_\_\_\_\_ (if applicable)

New client

Existing / return client

BY SUBMITTING THIS REQUEST, YOU AGREE THAT ALL INFORMATION PROVIDED TO COMMUNITY FUTURES GREATER TRAIL IS TRUTHFUL AND ACCURATE. IF SYMPTOMS OF ILLNESS ARISE BETWEEN THE TIME OF SUBMISSION THIS REQUEST AND THE TIME OF THE APPOINTMENT, PLEASE CONTACT OUR OFFICE IMMEDIATELY [INFO@COMMUNITYFUTURES.COM](mailto:INFO@COMMUNITYFUTURES.COM).

**FAILURE TO DISCLOSE SYMPTOMS OF ILLNESS PRIOR TO APPOINTMENT WILL RESULT IN CANCELLATION.**

**I AGREE**

**I DO NOT AGREE**

## IN-PERSON MEETING CONFIRMATION

You have requested an in-person meeting at Community Futures Greater Trail. This document is confirm your appointment.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Meeting with (if applicable): \_\_\_\_\_ Purpose: \_\_\_\_\_

Staff email contact: \_\_\_\_\_

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### CLIENT AGREEMENT

The client, \_\_\_\_\_, agrees to the following conditions:

- To remain 2 metres (6 feet) or more apart from other people while in the office.
- To sanitize hands at the sanitizing station(s) upon entering and prior to exiting the building.
- Sanitizer and disinfectant are available throughout our office. Please use them regularly.
- Please use main stairwell located at 825 Spokane Street and refrain from touching the walls and hand rails unless required for stability.
- Please follow instructions of staff at all times. We will be escorting you in and out of our facility.
- Appointment times are not flexible at this time. Please arrive for your meeting on time and be prepared to leave at the scheduled time so staff can sanitize the area for the next appointment.
- If symptoms of illness manifest prior to the appointment, you must notify our office in advance to cancel and reschedule.