



Connecting Neighbors. Changing Lives. Feeding Futures.

Penn Street
452 Penn Street
Pennsburg, PA 18073
215-679-4112
info@theopenlink.org



The Center
517 Jefferson Street
East Greenville, PA 18041
215-679-6550
center@theopenlink.org

The Open Link Storytelling Intake Form

PARTICIPANT INFORMATION

Name:

Age: Gender:

E-mail Address: Phone Number:

Preferred Method of Contact: ☐ Call ☐ Text ☐ Email

How long have you been a participant at The Open Link?

What The Open Link programs and services have you participated in? Select all that apply.

- | | | |
|--|--|---|
| ☐ Food Pantry | ☐ HSE Program | ☐ Financial Assistance |
| ☐ Summer Kids Meal Program | ☐ Employment Counseling | ☐ The Center |
| ☐ Meals on Wheels | ☐ Financial Empowerment Program | ☐ Operation Holiday Cheer |
| ☐ Community Lunch at The Center | ☐ Benefits Application Assistance | ☐ Thanksgiving Meal Distribution |
| ☐ Transportation Assistance Program (TAP) | ☐ Code Blue Shelter | ☐ Back to School Distribution |

Name Privacy

I consent to the use of my name publicly.

- ☐ Yes, I do consent to the use of:
☐ FIRST ☐ LAST ☐ BOTH
- ☐ No, I do not consent, and would like my name to be changed.

Scan to fill out this form online - it's fast and easy!

Send Completed Form To:

The Open Link
Attn: Alyssa Opdyke
452 Penn Street
Pennsburg, PA 18073

Image/Voice Privacy

I consent to the use of my image and voice publicly.

- ☐ Yes, I do consent to the use of: (check all that apply)
- ☐ Photo
- ☐ Video
- ☐ Audio/Voice
- ☐ No, I do not consent.

Questions?

Alyssa Opdyke, Marketing and Development Manager

 alyssao@theopenlink.org
 215-679-4112



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STORY INFORMATION

How would you like to share your story with TOL?

- | | |
|--|--|
| ☐ In-person interview at: | ☐ Digital interview (Zoom, Teams, FaceTime, etc.) |
| ☐ Penn Street | |
| ☐ The Center | ☐ Phone call |
| ☐ Another Valley location
(ex. coffee shop, library) | ☐ E-mail |

Are there identifying details within your story that you would not like to share or would like The Open Link to change publicly? If so, list below.

What platforms do you consent to sharing your story with?

- ☐ I consent to sharing my story with:
(check all that apply)
- | | | |
|--|---|--|
| ☐ TOL social media | ☐ TOL website | ☐ Print media (ex. newspaper, magazine) |
| ☐ TOL print newsletter | ☐ TOL print materials
(ex. flyers, Annual Report) | ☐ Digital media (ex. digital newspaper, digital magazine) |
| ☐ TOL e-newsletter/
e-mail | | |
| ☐ Television | ☐ Radio | |

I have read and understood this form. I also understand that I will receive a gift card as an incentive if my story is used.

Signature: Date:

Parent/Legal Guardian: Date:
(If under age 18)

NOTE: If you would like to change any of your preferences, including name privacy, image privacy, and platform sharing, or if your information changes, please contact Alyssa Opdyke, Marketing and Development Manager, at alyssao@theopenlink.org or 215-679-4112.