

DEMOGRAPHICS FOR OUR GRANTS:

Date of birth: _____

Gender: _____

Household size _____

No. children under 18 in home _____

What race do you identify with most?

Are you a veteran?

Y N

Are you disabled?

Y N

Are you an immigrant?

Y N

Have limited English?

Y N

Are you homeless?

Y N

Income: Ext. Low (0-\$25,100)

Very Low (\$25,101-\$41,800)

Low (\$41,801-\$66,700)

Moderate (\$66,700+)

New Member? YES NO

New Address? YES NO

SINGLE(\$40) _____ COUPLE(\$70) _____

Name _____
(first) (last)

Home Address _____

City: _____ State: _____ Zip: _____ (plus 4)

Phone: _____ Email: _____

In Case of Emergency

Contact Name: _____

Phone: _____ Relationship _____

Doctor's name: _____

Phone: _____

Preferred Hospital: _____

City: _____

Emergency Information for Paramedics (i.e. health history, medications, allergies, past accidents): _____

COVID-19 Vaccinated

Not vaccinated

How can you help the center?

It takes 100s of volunteers to run the center. We'd love for you to be a part of the volunteer team.

Please indicate if you would like to volunteer:

Kitchen Aide

Dishwasher

Bingo Crew (training provided)

Teacher/Facilitator

Marketing Delivery

Front Desk Receptionist

Newsletter Mailing prep

Other

PARTICIPANT RELEASE: I waive all rights and release all claims that might be held against the Shoreline/Lake Forest Park Senior Center, its hired or contracted Instructors and volunteers and their employees and agents for any and all injuries or losses which may be suffered because of my participation in activities, either in-person or through Zoom online programming, offered by the Senior Center. I will let you know if any special considerations or accommodations would help ensure my successful participation in the activities.

Signature _____ Date _____

Photographs are taken at the Senior Center at special events. May the Center use any photographs for publicity purposes?

Yes No Signature _____ Date _____