

**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: Very Low   
 Low  Moderate   
 Above Moderate

**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   
 Bargain Corner Clerk/Cashier/Pricer   
 Other   
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Member only

New Member? YES  NO  New Address? YES  NO

SINGLE(\$35) \_\_\_\_\_ COUPLE(\$60) \_\_\_\_\_

\*First Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

\*Home Address \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Emergency Contact Name: \_\_\_\_\_

\*Emergency Contact Phone: \_\_\_\_\_

\*Doctor's name: \_\_\_\_\_

\*Doctor's Phone: \_\_\_\_\_

\*Preferred Hospital: \_\_\_\_\_

\*City: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photographs are taken at the Senior Center at special events. May the Center use any photographs for publicity purposes?  
 Yes  No   
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_