

**DEMOGRAPHICS FOR 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+)

**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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Member only

New Member? YES  NO  New Address? YES  NO

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

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

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

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

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

\*Zip(include last 4 Digits Please): \_\_\_\_\_

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

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

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

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

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

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

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

**Emergency Information for Paramedics to more quickly assist you (i.e. health history, medication, allergies, past accidents) All info kept confidential:**

Photographs, video and audio are taken at the Senior Center at special events. May we use these for publicity purposes?

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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