*Mt. Si Senior Center Client Information*

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| **Client Information – Client #1** |
| First Name M.I. |
| Last Name |
| Nickname |
| Date of Birth |
| Home Phone |
| Cell Phone |
| Email |
| Address Line 1 |
| Address Line 2 |
| PO Box City |
| State Zip Code |
| County Un-incorporated? |
| Are you a current MSSC volunteer? ⬜ Yes ⬜ No Are you interested in volunteering? ⬜ Yes ⬜ No |

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| **Emergency Contact Information – Client #1** |
| Emergency Contact Name |
| Relationship |
| Home Phone |
| Cell Phone |
| Work Phone |
| Email |
| Address Line 1 |
| Address Line 2 |
| PO Box City |
| State Zip Code |
| Doctor’s Name |
| Doctor’s Phone |

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**Demographic Information**

We ask for demographic information because much of our funding is based on the categories of people we serve. The information we provide to funders is presented in the aggregate. Your personal information will be kept confidential.

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| Gender ⬜ Male ⬜ Female ⬜ Other | Income:  Yearly Household Income (One Person Household)   |  |  | | --- | --- | | * $18,200 or less * $18,201 to 30,350 | * $30,351 to $45,100 * $45,101 or more |   Yearly Household Income (Two Person Household)   |  |  | | --- | --- | | * $20,800 or less * $20,801 to 34,700 | * $34,701 to $51,550 * $51,551 or more | |
| Are you Hispanic or Latino(a) ⬜ Yes ⬜ No |
| Race: ⬜ American Indian or Alaska Native   * Asian, Asian-American * Black, African-American, Other African * Native Hawaiian or Pacific Islander * White or Caucasian * Multi-Racial * Other Race |
| Are you a refugee? ⬜ Yes ⬜ No | Do you have a disability? ⬜ Yes ⬜ No If yes, please list: |
| Primary Language: ⬜ English ⬜ Other \_\_\_\_\_\_\_\_\_\_ |
| Marital Status: ⬜ Single ⬜ Married/Partnered |
| Living Arrangement (check all that apply):   * I live alone * I live with someone * A minor under age 18 lives in the household * I am the parent of a minor under age 18 * Other related adults live in my household * I am currently homeless |
| Do you have any allergies? ⬜ Yes ⬜ No If yes, please list: |
| Military/Veteran Status (check all that apply):   ⬜ I have served in the military (past or present)  ⬜ I am the spouse/partner of veteran |

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| Agreements and Signatures |
| I hereby authorize any pictures taken of me while I am participating in Senior Center activities to be used in MSSC publications. Staff will make will make every effort to notify you prior to using your photograph.  Yes, I release MSSC and all of its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in MSSC activities.  I understand my behavior while here reflects on the organization and affects the ability of MSSC to deliver services to all seniors. I agree to refrain from behavior that: infringes on the rights of others; results in the destruction of property or equipment; violates any federal, state, county or city laws or ordinances; is threatening, aggressive, violent; or which may be taken as racial, religious or sexual harassment or is discourteous towards others. Possession or use of alcohol except for during special events for which an alcohol license has been secured is not permitted. Possession or use of controlled substances is forbidden. As a member of the senior center I understand that every effort is needed to make this a warm, positive and safe environment.  I acknowledge that if I choose to participate in a MSSC physical education class, I do so voluntarily. I hereby assume the risk for any injuries I may sustain during the pursuit of this activity while on the premises, and hereby release and forever discharge the instructors and the senior center from any actions, suites, damages, claims or judgements that may result from any personal or health injury I may sustain while so engaged. I understand that certain health hazards may exist in participation and hereby agree to accept any all risks of said injury. Furthermore, I agree that I, my heirs, distributors, legal guardians, representatives and assignees will make no claims against, pursue suits attaching the property or prosecute the senior center or volunteer instructors for injury or damage resulting from my participation. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Mt. Si Senior Center, and I sign this of my own free will.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |