**

Office Use Only

Date Received \_\_\_\_\_\_\_\_\_\_

Data Entry Date \_\_\_\_\_\_\_\_\_

Data Entry Initials \_\_\_\_\_\_\_

Mt. Si Senior Center  
Client Information Form 2018

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| **Client Information** |
| ⬜ Mr. ⬜ Mrs. ⬜ Ms. ⬜ Miss ⬜ Dr. ⬜ Rev |
| First Name M.I. |
| Nickname |
| Last Name |
| Suffix: ⬜ Jr. ⬜ Sr. ⬜ Other\_\_\_\_\_\_\_\_ |
| Date of Birth |
| Home Phone |
| Cell Phone |
| Email |
| Address Line 1 |
| Address Line 2 |
| PO Box City |
| State Zip Code |
| County where I live ⬜ King County ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I live (pick one):  ⬜ within the city limits  ⬜ outside the city limits   (unincorporated county area) |
| Are you a current MSSC volunteer? ⬜ Yes ⬜ No Are you interested in volunteering? ⬜ Yes ⬜ No |

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| **Emergency Contact Information** |
| Please provide contact information for those who we should notify in case of an emergency. Your emergency contact may include a family member or friend. |
| Emergency Contact Name |
| Relationship |
| Home Phone |
| Cell Phone |
| Work Phone |
| Email |
| Address Line 1 |
| PO Box City |
| State Zip Code |

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| Name of Spouse  (if not listed as emergency contact above): |

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| Doctor’s Name |
| Doctor’s Phone |

**Want to Stay Informed?** Please check the boxes below if you would like to receive information on activities and programs via email:

Emails: □ Yes □ No

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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. Your personal information will be kept confidential.

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| 1. Gender ⬜ Male ⬜ Female ⬜ Other | 10. Yearly Household Income:   |  |  | | --- | --- | | One Person Household   * $19,000 or less * $19,001 to $31,650 * $31,651 to $48,550 * $48,551 or more * I prefer not to say | Two Person Household   * $21,700 or less * $21,701 to $36,150 * $36,151 to $55,450 * $54,451 or more * I prefer not to say |  |  |  | | --- | --- | | Three Person Household   * $24,400 or less * $24,401 to $40,650 * $40,651 to $62,400 * $62,401 or more * I prefer not to say | Four Person Household   * $27,100 or less * $27,101 to $45,150 * $45,151 to $69,300 * $69,301 or more * I prefer not to say | |
| 2. Ethnicity ⬜ Hispanic/Latino(a)  ⬜ Non-Hispanic/Latino(a) |
| 3. 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 |
| 4. I am a refugee or immigrant in the US: ⬜ Yes ⬜ No |
| 5. My primary language is: ⬜ English ⬜ Other \_\_\_\_\_\_\_\_\_\_  I have limited English: ⬜ Yes ⬜ No | 11. Employment Status:   * Full-time permanent ⬜ Seeking employment * Part-time permanent ⬜ Not seeking employment * Seasonal – Day employment ⬜ Retired |
| 6. My Marital Status is:  ⬜ Married/Partnered ⬜ Single ⬜ Widowed | 12. Do you have any allergies? ⬜ Yes ⬜ No If yes, please list: |
| 7. Living Arrangement (check all that apply):   * I live alone * I live with someone * Other related adults live in my household * I am currently homeless or live in a shelter * I have been homeless more than 90 days * A minor under age 18 lives in the household * I am the parent of a minor under age 18 | 13. Do you have a disability (check all that apply):   * Hearing impairment * Vision impairment * Cognitive impairment * Developmental disability * Physical impairment * Mobility issues * I use a wheelchair ⬜ I use a walker or cane * Chronic illness or pain * Mental Disability * Sensory Disability * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * I do not have a disability |
| 8. Head of Household:   * I am the head of the household * I am not the head of the household |
| 14. Is there anything you would like us to know about you that would increase your participation in or access to the programs and services at the Center? |
| 9. Military/Veteran Status (check all that apply):   ⬜ I have served in the military (past or present)  ⬜ I did not serve in the military  ⬜ I am the spouse/partner of veteran   If you would like to be honored on Veterans Day, please provide details of your service including:  Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rank upon Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Years of Service \_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_ |

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| Waivers, Agreements and SignatureLast Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Please initial next to each of the four waivers.** | **Initials** |
| **Photography:** 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 every effort to notify you prior to using your photograph.  **Release from Liability:** 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.  **Code of Conduct:** 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. The code of conduct is posted in the Center and is available upon request.  **Fitness classes:** 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 or 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_ |