

EngAging Seniors Membership Form 2023



_____ Single Membership (\$30)

_____ Couple Membership (\$45) (*2 individuals within the same household*)

General Information

1. Name: _____

2. Name (*if couple*): _____

Address: _____

City/State: _____ Zip Code: _____

1. Home Phone: _____ Cell: _____ Email: _____

Preferred contact method: Home__ Cell__ Email__ Text__ Email__ Other_____

2. Home Phone: _____ Cell: _____ Email: _____

Preferred contact method: Home__ Cell__ Email__ Text__ Email__ Other_____

Local Emergency Contact(s):

1. Name: _____ Relationship: _____

Work/Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____

Work/Cell Phone: _____ Home Phone: _____

Why Join Us?

1. How did you hear about us? _____ Have you visited our website? Y / N

What activities are you currently attending? _____

What are your interests? _____

What other services and /or programming can we provide you? _____

2. How did you hear about us? _____ Have you visited our website? Y/N

What activities are you currently attending? _____

What are your interests? _____

What other services and /or programming can we provide you? _____

Demographic information *(We need this information for grant applications, etc.)*

1. Birthday: month/day/year _____ / _____ / _____ 2. Birthday: month/day/year _____ / _____ / _____

Race(s): _____ # in household: _____ Marital Status(s): _____ Gender(s) _____

Technology information *(We need this information for grant applications & programs...)*

1. Mobile Phone Y/N Brand _____ Tablet Y/N Brand _____

Laptop Y/N Brand _____ Desktop Y/N Brand _____

Printer: Y/N Brand _____ Most used Device: _____ Daily Use in hours _____

Level of competency *(1-don't know how to use, 3-I use it to get by, 5-I can train others)* **1 2 3 4 5**

What do you use it for? _____ Do you Zoom? _____

What do you wish to learn to do/on with your devices? _____

Internet Comfort Level *(1- very scared, 3 - use it only if I need to, 5 - use it all the time)* **1 2 3 4 5**

How do you learn best? *(Reading, hands-on, listening etc.)* _____

2. Mobile Phone Y/N Brand _____ Tablet Y/N Brand _____

Laptop Y/N Brand _____ Desktop Y/N Brand _____

Printer: Y/ N Brand _____ Most used Device: _____ Daily Use in hours _____

Level of competency (*1-don't know how to use, 3-I use it to get by, 5-I can train others*) **1 2 3 4 5**

What do you use it for? _____ Do you Zoom? _____

What do you wish to learn to do/on with your devices? _____

Internet Comfort Level (*1 – very scared, 3 - use it only if I need to, 5 - use it all the time*) **1 2 3**

4 5

How do you learn best? (*Reading, hands-on, listening etc.*) _____

Disclosure Form

Disclosure Statement: All information obtained will be kept confidential and no personal identifying information about you will be released to the public unless otherwise required under federal law. The information will be entered into a secure database. Summarized data will be reported to the Administration on Aging in order to keep both state and federal legislators informed of the effectiveness of senior programs (as required by the Older Americans Act reauthorization). You may not be denied services for refusing to provide any of the information requested.

Privacy Notice: The above health information will only be used or disclosed to provide you with treatment and services in the case of illness or injury that occurs while at the Senior Center, via transportation by a volunteer or on a Senior Center trip.

Authorization/Release: I agree to release from liability, EngAging Seniors, Inc., staff and volunteers for any injury or illness accidentally incurred by me. First aid may be administered by a competent person. In the event of an emergency, I hereby give permission to the person in charge to tell or to send me to a physician or hospital, as required. I also agree to allow the staff to release any medical and non-medical information to any entity that may be involved in my care for the purpose of planning/providing services to meet my needs.

1. Signature: _____ Date: _____

2. Signature: _____ Date: _____

Membership is effective from Date above for one full year



Name and Photo Release Form:

Please initial(s) in the appropriate box –

(We really need YOU to help promote us and will only use first names)

	I GIVE PERMISSION for my name and/or photo(s)/video(s) to appear in EngAging Seniors' publications, newsletters, newspaper articles and on EngAgingSeniors.org.
	I DO NOT GIVE PERMISSION for my name and/or photo(s)/video(s) to appear in EngAging Seniors' publications, newsletters, newspaper articles and on EngAgingSeniors.org.

1. Signature: _____ Date: _____

2. Signature: _____ Date: _____

Please return completed membership forms with your payment to:

EngAging Seniors

3709 Pocahontas Ave.

Cincinnati, OH

45227