

**SPOTSWOOD OFFICE ON AGING/SENIOR RESOURCE CENTER  
REGISTRATION – PLEASE PRINT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Living Area (circle one) BOROUGH / CLEARWATER / CRESCENT PARK / WOODMERE**

**\*MARITAL STATUS**

MARRIED  
SEPARATED

SINGLE  
DIVORCED

WIDOWED  
OTHER

**\*RACE/ETHNICITY**

AMERICAN INDIAN/NATIVE ALASKAN  
ASIAN  
BLACK/AFRICAN AMERICAN

NATIVE HAWAIIAN

WHITE (NON-HISPANIC)  
WHITE (HISPANIC)  
OTHER

**\*ANNUAL INCOME**

1 Person – Less than \$13,860  
1 Person – More than \$13,860

2 People – Less than \$18,670  
2 People – More than \$18,670

\*Do you live alone? YES NO

Are you receiving Social Security Disability? YES NO

Are you interested in Medicare counseling? YES NO

Are you interested in our bus transportation? YES NO

**EMERGENCY CONTACTS**

(Family member, friend of neighbor available in the daytime)

NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**\*Information required by government funding source**

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**DOCTOR'S INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

In what field were you employed?

\_\_\_\_\_

Do you have any hobbies you'd like to share?

\_\_\_\_\_

Do you have a skill you would be interested in sharing with others on a group level?

\_\_\_\_\_

\_\_\_\_\_

Are you interested in becoming a volunteer?      YES \_\_\_\_\_      NO \_\_\_\_\_

What programs or activities are you interested in (including anything we don't currently offer)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_