

**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 \$12,760
1 Person – \$12,760 or more

2 People – Less than \$17,240
2 People – \$17,240 or more

*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, or 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**

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

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?

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

I wish to become a member of the Spotswood Senior Center and engage in activities, programs, and services of my choice. I understand that I am participating in these programs, including trips and transportation, at my own risk. As a user of the center, I assume all reasonable risks which may exist by virtue of participation in these programs/activities. I agree not to hold the Borough of Spotswood, its employees, or volunteers liable in case of accident or injury while participating. I certify that I am a resident of Spotswood age 55 or over and have read and understand the above statement and waiver of liability.

Signature of Member _____ Date _____