



# MEMBER Information Form

Please PRINT, SIGN AND COMPLETE the entire form. All Participant information provided is strictly confidential. Information required for funding is noted with \*\*.

\*Date\*: \_\_\_\_\_ Please check one: New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Last (Jr., Sr. etc.) First Middle or Initial Name you go by

\*Name\* \_\_\_\_\_

Street Apt/Rm # City State Zip Code

Address \_\_\_\_\_

\*Municipality\* (Township or Borough) \_\_\_\_\_ \*County\* \_\_\_\_\_

Phones \_\_\_\_\_ Newsletter by Email Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone Cell Phone Email Address \_\_\_\_\_

\*Social Sec. # \* XXX/XX/\_\_\_\_\_ (last 4 digits only Required by Commonwealth of PA) \*Gender\* Male \_\_\_\_\_ Female \_\_\_\_\_

\*Date of Birth\* \_\_\_\_\_ \*Marital Status\* \_\_\_\_\_ \*Ethnic Race\* \_\_\_\_\_

\*Age Group\* 60-64 Married Spouse's Name: \_\_\_\_\_ African American

65-74 75-84 Single Divorced Widowed American Indian/Native Alaskan

85+ Under 60 Separated Caucasian (White) Asian

\*Income Level\* \_\_\_\_\_ Hispanic Origin

Single - Under \$1,005/mo or \$12,060/yr or Two People - Under \$1354/mo or \$16,248/yr \*Ethnicity\* \_\_\_\_\_

Between \$12,060-\$29,000/yr Over \$29,000/yr Non-Hispanic Hispanic

\*Live Alone\* Yes \_\_\_\_\_ No \_\_\_\_\_ \*High Nutritional Risk\* Yes \_\_\_\_\_ No \_\_\_\_\_ \*Rural\* (not in town) Yes \_\_\_\_\_ No \_\_\_\_\_

Caregiver for OASC Consumer? Yes \_\_\_\_\_ No \_\_\_\_\_ Volunteer? Information & Assistance? See other side

## Emergency Contact Information (Please provide two contacts)

Name of contact Phone # Phone # Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

## Medical Information

Physician's Name Phone # Phone #

1. \_\_\_\_\_

Medical Condition (Please Print) Medications/Prescriptions (Please Print. No Dosage information needed.)

1. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_

Allergies/Precautions/Special Concerns \_\_\_\_\_

\*\*\* Signature Required, please turn over, read and sign on other side \*\*\*

## For Office Use Only

Annual Membership Donation of \$15.00 Date Paid \_\_\_\_\_ Input Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Renewal Date \_\_\_\_\_ Database \_\_\_\_\_ Copilot \_\_\_\_\_

Member ID \_\_\_\_\_ Initials \_\_\_\_\_

# MEMBER Information Form

<b>*Name*</b>	<b>Last</b>	<b>(Jr., Sr. etc.)</b>	<b>First</b>	<b>Middle</b>	<b>Name you go by</b>

## Volunteer Opportunities

Are you interested in volunteering here at the Center, if so, doing what? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Baking Desserts for Fundraisers/Events \_\_\_\_\_ Preparing Food for Fundraisers

\_\_\_\_\_ Craft Making for Sales \_\_\_\_\_ Helping Setup and Cleanup at Fundraisers/Events

\_\_\_\_\_ Other \_\_\_\_\_

## Information & Assistance (I&A)

Do you have any concerns you wish to speak to the I&A person about?

\_\_\_\_\_ Transportation \_\_\_\_\_ Register for Chester County Senior Transportation - Rover

\_\_\_\_\_ Medicare \_\_\_\_\_ Insurance \_\_\_\_\_ Non-Driver ID

\_\_\_\_\_ Prescriptions \_\_\_\_\_ Food

\_\_\_\_\_ Other \_\_\_\_\_

## Participation Policy and Waiver Consent

Individuals wishing to participate in programs held by the Oxford Area Senior Center, Inc. (the Center) should meet the following criteria to be considered appropriate for service provision:

- Capable of feeding and toilet themselves independently
- Oriented to their current surroundings
- Behave in a non-aggressive and non-disruptive manner
- Desire to participate in a program or activity that is appropriate for them
- Be able to speak clearly and socialize with others
- Demonstrate consistent hygiene practices
- Be able to ambulate safely

A complete copy of the Participants' Rights Policy and Participation Policy will be made available at the request by a participant or participant's family member.

Persons not meeting these criteria are welcome only if escorted by a responsible person at all times. This is required for the well being of all participants and staffing participating in Center activities on or off the premises. The Center is not responsible for monitoring the activity of anyone visiting and/or participating in services or programs on or off the premises. The Executive Director, or in his/her absence a designated staff person, has the authority to make final decisions in all cases as to who is appropriate for participation in Center activities.

**I wish to take part in one or more events of the Oxford Area Senior Center (the Center) and, to the best of my knowledge, information and belief, have no physical restraints, which would prohibit my participation in the events. In consideration of my application for participation being accepted, I being legally bound, do hereby for myself, my heirs, my executors and administrators, waive and release any and all my rights I may have against the Center, its directors, officers, agents, staff (paid or volunteer) and any other co-sponsoring organizations for any and all injuries, claims, damages or causes of action, suffered by me during my participation in the events of the Center. The Center has my permission to have a physician attend me if it is deemed necessary for my health, welfare and safety. I attest and verify that I am in sufficient good health for each activity, and my physical condition has been verified by a licensed physician. I have further read and understand the participation guidelines of the Center.**

\*Signature\*: \_\_\_\_\_ \*Date\*: \_\_\_\_\_