



MEMBER Information Form

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

Date: _____ Please check one: New Member _____ Renewal _____

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

Street _____ City _____ State _____ Zip Code _____

Municipality (Township or Borough) _____ *County* _____

Home Phone _____ Cell Phone _____ Newsletter by Email Yes _____ No _____
Email Address _____

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

Date of Birth _____ *Marital Status* _____ *Ethnic Race* _____
Age Group _____ 60-64 _____ 65-74 _____ Married _____ Single _____ African American _____
75-84 _____ 85+ _____ Divorced _____ Widowed _____ American Indian/Native Alaskan _____
Under 60 _____ Separated _____ Other _____ Caucasian (White) _____ Asian _____
Hispanic Origin _____ Other _____

Income Level _____
Single - Under \$980/mo or \$11,770/yr or Two People - Under \$1327/mo or \$15,930/yr
Between \$11,770-\$29,000/yr _____ Over \$29,000/yr _____
Ethnicity _____
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 ***

Annual Membership Donation of \$15.00		For Office Use Only		Input Date	
Date Paid _____	Renewal Date _____	Aquatic: <input type="checkbox"/>	Database _____	Copilot _____	Initials _____
Amount Paid _____	_____	_____	Member ID _____	_____	_____



MEMBER Information Form

Name	Last, (Jr., Sr. etc.)	First	Middle	Name you go by
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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*: _____