

Would you like to have
Cranberry Scoop Mailed to you?
YES or NO

Scan Card # _____



**DENNIS SENIOR CENTER
MEMBER REGISTRATION FORM**

Name: _____ Birthday: ____ / ____ / ____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Do you live alone? Y N

Veteran: _____ Branch of Service: _____

Emergency Contact (Name, Relation, Phone): _____

Languages: _____ Allergies: _____

Disabilities: _____

During the past year did you provide regular assistance to a family member? Y N

Are you receiving services from Elder Services, Home Health Care, VNA? Y N

(If Yes Explain): _____

Are you limited in activities due to a medical issue? Y N

(If Yes Explain): _____

Would you like to volunteer at the Dennis Senior Center: Y N

Release Acceptance: I understand and agree that the information contained on this form may be released for statistical, quality assurance and other reporting purposes and my personal identifiable information (name, address, etc.) will not be shared. I understand the data collection, storage and transmission will comply with all local, state and federal privacy protection laws. I authorize the use of activity photos in which I appear.

Signature: _____ Date: _____