

BALTIMORE COUNTY DEPARTMENT OF AGING
SENIOR CENTER REGISTRATION

2024

New Member Renewing Member

BC-PASS #: _____

PLEASE PRINT CLEARLY IN INK

FIRST NAME MIDDLE NAME (OPTIONAL)

LAST NAME

ADDRESS APT

CITY STATE ZIP

HOME PHONE - - CELL PHONE - -

E-MAIL

DATE OF BIRTH

GENDER IDENTITY
 Male Female
 Transgender Male Transgender Female
 Non-Disclose Other
 Non-Binary

RACE - CHECK ALL THAT APPLY:
 1 BLACK or AFRICAN AMERICAN 3 ALASKA NATIVE or AMERICAN INDIAN 5 WHITE
 6 ASIAN or ASIAN AMERICAN 7 NATIVE HAWAIIAN or PACIFIC ISLANDER

ETHNICITY: HISPANIC OR LATINO YES NO VETERAN? YES NO

EMERGENCY CONTACT
NAME (LAST) _____ (FIRST) _____
RELATIONSHIP _____ HOME PHONE (____) _____ - _____
WORK PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____

THE FOLLOWING IS NEEDED FOR STATISTICAL PURPOSES ONLY

ESTIMATED MONTHLY HOUSEHOLD INCOME (CATEGORY)
 01 UNDER \$1,215 PER MONTH
 02 \$1,215 TO \$1,643 PER MONTH
 03 OVER \$1,643 PER MONTH

LIVING ARRANGEMENTS
 01 ALONE
 02 WITH OTHERS

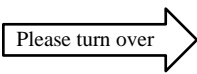
NUMBER OF PEOPLE SUPPORTED BY THIS INCOME INCLUDING YOU

NUTRITIONAL HEALTH SCORE (A score of 6 or more is high risk, give resources.)

I UNDERSTAND THE INFORMATION ON THIS PAGE MAY BE SHARED WITH OTHER PROGRAMS WITHIN THE DEPARTMENT OF AGING IF I REQUIRE OTHER SERVICES.

SIGNATURE (or Guardian) _____ DATE _____

To be signed in the presence of staff or qualified volunteer.



Are you interested in Volunteering? Let us know what interests you!
(Check all that apply)

RSVP:

- Eating Together (Kitchen Help)
- Leadership (Board member/officer)
- Teacher/Instructor
(subject: _____)
- Fitness Monitor
- Project Linus

OTHER:

- Special Events
- Front Desk Reception
- Administrative/Office
- Gift Shop
- Travel
- Data Entry
- Gardening
- Librarian
- Fundraising
- Other (Please specify below)

SKILLS, INTERESTS, HOBBIES, FORMER OCCUPATION _____

For Office Use Only

Enhancement Donation: \$ _____ cash check # _____ credit card **Receipt#** _____

- | | | |
|--|---------------------------------|--|
| Exercise Release | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| Photo/Video Release | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| High Risk Nutrition Score of 6 or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confidentiality Signed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Under 60? | <input type="checkbox"/> Spouse | <input type="checkbox"/> 50+ Center Member |
| Poverty Level? If yes, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income Level 01, under \$1,215, supporting 1 or more people. | <input type="checkbox"/> Yes | |
| OR | | |
| Income Level 02, \$1,215 to \$1,643, supporting 2 or more people. | <input type="checkbox"/> Yes | |

Staff/Volunteer Signature _____

Center Name: _____ Date: _____