



ESTUARY

COUNCIL OF SENIORS, INC.

REGISTRATION FORM

PLEASE PRINT

Today's Date _____

Full Name _____ Phone _____

Address _____ Cell Phone _____

Town _____ Zip _____ Email _____

Date of Birth ____/____/____ Last 4 Digits of SS# _____

Emergency Contact:

1 _____ Phone _____ Relationship _____

Emergency Contact:

2 _____ Phone _____ Relationship _____

Gender: Male or Female (Circle One)

Veteran: Yes / No

Race/Ethnicity

- 1 _____ White/Caucasian
- 2 _____ Black
- 3 _____ Native American
Indian/Alaskan Native
- 4 _____ Hispanic
- 5 _____ Asian/Pacific Island

Marital Status

- 1 _____ Single
- 2 _____ Currently Married/Partner
- 3 _____ Widowed
- 4 _____ Separated
- 5 _____ Divorced

Housing

- 1 _____ Private Home
- 2 _____ Apartment
- 3 _____ Senior Housing
- 4 _____ Public Housing
- 5 _____ Manufactured Home
- 6 _____ Other

Living Arrangements

- 1 _____ Lives Alone
- 2 _____ With Spouse/Partner Only
- 3 _____ With Spouse & Children
- 4 _____ With Children, No Spouse
- 5 _____ With Other Relative
- 6 _____ With Non-relative(s)

Would you be interested in volunteering time in any of these ways?

- | | | |
|-----------------------------|-----|----|
| Visiting a homebound person | Yes | No |
| Packing homebound meals | Yes | No |
| Delivering homebound meals | Yes | No |
| Thrift Shop | Yes | No |
| Welcome Desk | Yes | No |

Our Monthly Newsletter, **The Estuary Gazette**, is available online at www.ecsenior.org

Please check here if you prefer to receive the Newsletter by mail.