

West Chester Area Senior Center Membership/Participant/Volunteer Application

530 E. Union Street, West Chester, PA 19382 Phone (610) 431-4242 www.wcseniors.org**(PLEASE COMPLETE BOTH SIDES OF FORM, SIGN & RETURN TO WCASC WITH PAYMENT)**

Information collected by our Center is used to help determine the level of funding our Center receives from the Chester County Department of Aging Services, the Commonwealth of Pennsylvania and other funding sources both public and private. All participant information provided is strictly confidential. If you are submitting this form electronically your signature has already been accepted to the participation and waiver policy. Contact information may be used for WCASC general mailing and solicitations.

****** PLEASE PRINT ALL INFORMATION******Please circle one: **Renewal****New Member**

DATE: _____

Please Circle One:

Mr. / Mrs. / Mr. & Mrs. / Ms. / Dr. Other

YOUR NAME:

FIRST NAME _____ LAST NAME: _____

*Birth date (Month/day/year): _____ * Social Security#: XXX/XX/

(last 4 digit only – required by Commonwealth of PA)

Spouse Name: _____

*Birth date (Month/day/year): _____ * Social Security#: XXX/XX/

(last 4 digit only – required by Commonwealth of PA)

Address: _____ Apartment # _____

City: _____ State: _____ Zip: _____

*Township: _____ *County: _____

Phone: _____ Email Address: _____

For those without email, please circle a newsletter delivery preference: Pick-up at WCASC or Mail

Are you a Veteran? ☐ Yes ☐ NoAre you interested in volunteering? ☐ Yes ☐ No

Interests: _____

PLEASE INDICATE TYPE OF MEMBERSHIP:☐ BASIC INDIVIDUAL - \$48 per yr. (single member)☐ BASIC HOUSEHOLD - \$68 per yr. (two or more people in household)**PLEASE SUPPORT US WITH ADDITIONAL DONATIONS AND BECOME A SUSTAINING-, CENTURY- OR A LIFETIME MEMBER:**☐ SUSTAINING - \$75-\$99/yr.☐ CENTURY - \$100-\$749/yr.☐ LIFETIME BASIC - \$750-\$1,000☐ LIFETIME FRIENDS - \$1,001 & Above

*The following information is required by the Office of Aging for us to qualify for funding. All records are kept confidential.

*Disabled: ☐ Yes ☐ No*High Nutritional Risk: ☐ Yes ☐ No*Live Alone: ☐ Yes ☐ No

* Income Level: Up to \$13,589 _____ \$13,589 - \$40,000 _____ \$40,000 + _____

*Race: African American _____ Asian American _____ Hispanic _____
 American Indian / Alaskan _____ Caucasian _____ Other _____

FOR OFFICE USE ONLY:

DATE REC'D _____ AMOUNT \$ _____

PAID BY: CASH _____ CREDIT CARD _____ CHECK # _____ CHECK DATE _____

Emergency Contacts and Medical Information are **REQUIRED** in the event of a medical or other emergency.

PLEASE PROVIDE TWO EMERGENCY CONTACTS:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____ _____	Address: _____ _____
Phone: (Home/Cell/Work) _____ (Home/Cell/Work) _____	Phone: (Home/Cell/Work) _____ (Home/Cell/Work) _____
Email: _____	Email: _____

MEDICAL INFORMATION / HISTORY:

Please list any medical conditions and allergies along with corresponding medical prescriptions:

Medical Condition / Medications/Prescriptions (No dosage information needed)

1. _____ / _____

2. _____ / _____

Allergies: _____ / _____

Special Assistance needed: _____

Adaptive equipment to participate: Glasses ___ Hearing Aid(s) ___ Cane/Walker ___ Wheelchair: ___
Other _____

Physician: _____ Phone: _____

Hospital Preference: _____

PARTICIPATION POLICY AND WAIVER CONSENT

Individuals wishing to participate in programs held by the West Chester Area Senior Center (the Center) should meet the following criteria to be considered appropriate for service:

- Be able to feed and toilet themselves independently
- Be able to self – administer all medications
- Be oriented to their current surroundings
- Behave in a non-aggressive and non-disruptive manner
- Be able to ambulate safely
- Not a risk for wandering
- Be able to clearly speak and socialize with others
- Desire to participate in a program or activity that is appropriate for them
- Free from any infectious disease that could put others at risk

A complete copy of the participation guidelines and policies will be made available upon 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 wellbeing of all participants and staff participating in Center activities on or off the premises. The Center is not responsible for monitoring the activities of anyone visiting and/or participating in services or programs on or off the premises. Staff has the authority to make final decisions in all cases as to who is appropriate for participation in activities of the Center. WCASC is a welcoming place for all regardless of race, nationality, disability, religion, color, sex, sexual orientation and gender identity. As such, intolerant or hateful speech or behavior will not be tolerated. Offenders will be asked to leave the premises immediately.

Waiver Consent: I wish to take part in one or more events of the West Chester Area Senior 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 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, emergency medical services, physician, or other healthcare providers attend me if it is deemed necessary for my health, welfare and safety. I attest and verify that I am in sufficiently good health for each activity, and my physical condition has been verified by a licensed physician. I have read and understand the participation guidelines policy of the Center.

I understand that during the course of a class, activity or program at the center my photo or video may be taken by a representative of or for the Center. I release the center to use this photo or video for in any and all media including my name and identity as the Center deems appropriate.

FORM MUST BE SIGNED AND DATED BELOW TO COMPLETE THE MEMBERSHIP APPLICATION!

Signed

Date