

## **AVON SENIOR CENTER MEMBERSHIP FORM/EMERGENCY CONTACT INFORMATION**

Please complete this form by printing or typing all required information. Senior Center staff will keep this on file, secure your information, use for membership purposes and emergency contacts. This form must be filled out. Please email this form to Jennifer Bennett, Senior Center Coordinator at [jbennett@avonct.gov](mailto:jbennett@avonct.gov) or call the Senior Center at 860-675-4355 and we will work together to get this form and keep it on file.

**Name** \_\_\_\_\_ **Phone** (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_ **DOB** \_\_\_\_\_  
Street Town Zip

**Email** \_\_\_\_\_

**How do you identify? Male/Female, please include your pronouns** \_\_\_\_\_

### ***EMERGENCY CONTACTS:***

\_\_\_\_\_  
First Last Name Family Member Phone

\_\_\_\_\_  
First Last Name Relationship Phone

**Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical Info** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Interests, Skills, Talents** \_\_\_\_\_

**Volunteer Interests** Phone \_\_\_\_\_ Copying \_\_\_\_\_ Running a Group or Program \_\_\_\_\_ Computers \_\_\_\_\_ Displays \_\_\_\_\_

Decorations \_\_\_\_\_ Instructor \_\_\_\_\_ Welcome \_\_\_\_\_ Other \_\_\_\_\_

Please share any other information you feel would help us to better serve you at the Avon Senior Center. Example- hearing or vision concerns, mobility concerns or devices used, assistance needed (especially in an emergency), transportation needs and anything else that is important to you and making sure that you're safe and living your best life.

\_\_\_\_\_

**Date** \_\_\_\_\_