



Membership Enrollment Form & Participation Agreement

FUNDING PROVIDED BY
 King County
Veterans, Seniors & Human Services Levy

Welcome! We're excited to have you become part of the Senior Center village program.
Please complete the application form and return to the Senior Center. All * are required.

*Date _____

*First name _____ *Last Name _____

Preferred Name _____

*Your neighborhood/community _____ *Age _____ *Birthdate ____/____/____

*Physical street address _____

*Mailing address if different from above _____

Email address where we may contact you _____

*Best phone number: (_____) _____

Type of phone number (please circle): landline smartphone simple cellphone

*Emergency Contact Information

Name _____ Relationship to you _____

Phone number(s) _____

Email address _____

Local to Vashon? Yes No

Alternate Emergency Contact Name _____

Phone number(s) _____

Email address _____

The Villages is a program of the Senior Center connecting neighbors to services and activities that enable members to enjoy safe, healthy, satisfying, and fruitful lives while remaining in their homes and communities.

Please share with us what interests you about joining a village:

FOR OFFICE USE ONLY

continued on reverse

Today's Date _____

P.O. Box 848, Vashon, WA 98070 | 206-463-5173 | vashoncenter.org

SELF-REPORTED DEMOGRAPHICS | VILLAGES

We need your help in collecting important data required by King County and other funders.

NO INDIVIDUAL IDENTIFYING INFORMATION WILL BE SHARED.

We assign each participant an anonymous identification number for reporting purposes.



YOUR INFO

Anonymizing ID Number _____

(Senior Center staff will assign your ID Number)

Birthdate (Month/Day/Year)

____ / ____ / ____



DEMOGRAPHIC INFORMATION

Race

- ☐ American Indian/Alaska Native
- ☐ Asian/Asian American
- ☐ Black/African American/African
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ My race isn't listed. I identify as _____

☐ Prefer Not to Say

Hispanic Ethnicity

- ☐ Yes ☐ Prefer Not to Say
- ☐ No

Gender

- ☐ Male
- ☐ Female
- ☐ Self-Describe Another Way: _____

☐ Prefer Not to Say

Do You Identify as Transgender?

- ☐ Yes ☐ No ☐ Prefer Not to Say

Sexual Orientation

- ☐ Pansexual or Bisexual
- ☐ Gay or Lesbian
- ☐ Questioning or Unsure
- ☐ Straight or Heterosexual
- ☐ Self-Describe Another Way: _____

☐ Prefer Not to Say



DEMOGRAPHIC INFORMATION

What Is Your Zip Code? _____

In What Neighborhood Do You Live?

What Is Your Preferred Language?

What Is Your Household Size?

- ☐ Prefer Not to Say (Enter Number) _____

Income

Are You Eligible for Free/Reduced Lunch and/or Other Basic Food Assistance (ex. SNAP) or Public Benefits (TANF, SSI)?

- ☐ Yes ☐ Prefer Not to Say
- ☐ No ☐ Don't Know

Military Service and Military Family Status
Have You Ever Served or Do You Currently Serve in the Military?

- ☐ Yes ☐ Prefer Not to Say
- ☐ No

Are You Related to Someone Who Is Serving or Has Served in the Military?

- ☐ Yes ☐ Prefer Not to Say
- ☐ No

If YES, What Is Your Relationship to the Person You Indicated?

- ☐ Self
- ☐ Not a Family Member
- ☐ Minor Dependent
- ☐ Spouse/Partner
- ☐ Surviving Spouse/Partner
- ☐ Other Dependent Adult



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Please check the below boxes to indicate you understand:

- ☐ Membership isn't active until your enrollment form is signed and received by the Villages program staff.
- ☐ Membership is for a period of one year, beginning on the first day of the month your completed application is received.
- ☐ I authorized the Senior Center and the Villages to use any images taken of me while I'm engaged in Senior Center/Villages activities in its publications, including its website. I also authorize the release of such images of me for publication in newspapers, magazines, and other printed material without notice or compensation to me, my assignees, heirs, or legal representatives.

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

I AGREE TO indemnify and hold harmless Vashon Maury Senior Service, its directors, officers, volunteers, and staff from and against any and all claims and damages of any kind (including attorneys' fees) for injury suffered by me, members of my household, all third parties for any alleged injuries or damages of any kind, including damages allegedly resulting from acts or failures to act of Vashon Maury Senior Services, its directors, officers, volunteers and/or staff.

By signing below, I acknowledge I have read, I understand, and I agree to the above terms.

Village Member Signature

Printed Name

Date _____

Welcome to the Villages!