



MEMBERSHIP Application

Application Date: _____

_____ Kennett Area Senior Center _____ Assisted Senior Program

Please **print, sign** and complete the entire application form. All participant information provided is strictly confidential. ***Information required for membership and funding.***

Name

Courtesy Title (Please mark one): Mr ___ Mrs ___ Miss ___ Ms ___ Dr ___ Rev ___ Hon ___ Other ___

Last Name	First Name	Middle Name	Suffix	Name go by
_____	_____	_____	_____	_____

***Date of Birth*:** _____ | Male ___ Female ___ | ***Last four digits Social Security # *** _____

***Marital Status*:** married ___ widowed ___ divorced ___ separated ___ single ___ unknown ___

Housemate's Name: _____

Relationship: husband ___ wife ___ son ___ daughter ___ brother ___ sister ___ Other ___

Race White ___ Black/African American ___ American Indian/Alaskan Native ___ Other ___
 Asian ___ White-Hispanic ___ Native Hawaiian/Other Pacific Islander ___

Ethnic Background Hispanic or Latino ___ Non-Hispanic or Non-Latino ___

Household Income Please check the appropriate space below.

Single - Under \$980/mo or \$11,770/yr. _____
 or Two People - Under \$1327/mo or \$15,930/yr. _____

Between \$11,770-\$29,000/yr _____ Over \$29,000/yr _____

This information enables KASC to better inform you of available County/State supportive services and will help determine the level of funding the center will receive from County/State and other private sources.

Second Language _____

Veteran: Yes ___ No ___

***Lives Alone*:** Yes ___ No ___

***High Nutritional Risk*:** Yes ___ No ___

***Rural*:** Yes ___ No ___

***Disabled*:** Yes ___ No ___

Physical Address Add ___
 (Please mark add or change): Change ___

Mailing Address (if different from physical) Add ___
 (Please mark add or change): Change ___

Street _____

Street and/or P.O. Box _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

County _____

Municipality (i.e. Borough, Township, City) _____

Phones, Fax and Email: *Either a Home phone number or Cell phone number is required*

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____ Email Newsletter: Yes ___ No ___

***** More on other side, Signature Required, please turn over, complete, read and sign on other side *****

Mission

The Kennett Area Senior Center is committed to preserving and enhancing the dignity and well-being of all adult residents of southern Chester County by providing a vital assortment of services that enrich social relationships, foster physical health, encourage educational interests and promote self-reliance.

Revised 1/1/2017



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Last Name	First Name	Middle Name	Suffix	Name go by

Emergency Contact Information (Please provide two emergency contacts.)

Name of contact: _____	Name of contact: _____
Relationship: _____	Relationship: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

Participation Policy and Waiver Consent

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

- Be able to feed and toilet themselves independently.
- Be oriented to their current surroundings.
- Behave in a non-aggressive and non-disruptive manner.
- Desire to participate in a program or activity that is appropriate for them. Be able to clearly speak and socialize with others. Be able to ambulate safely.
- Be able to self-administer any medication(s) that are necessary while in attendance or make other arrangements.

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 well-being 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.

I wish to take part in one or more events of the Kennett 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 a physician 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 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 the Center. I release the Center to use this photo or video for the purpose of advertising as the Center deems appropriate.

***Signature*:** _____ **Date:** _____

Kennett Area Senior Center • 427 South Walnut Street, Kennett Square, PA 19348 • 610-444-4819 • www.kennettseiorcenter.org

For Office Use Only		KASC ID#	Housemate's KASC ID:
ODB/Copilot Input Info		Yearly Renewal - \$35	New Member - \$35
ODB Date: _____	Initials: _____	Date Paid _____	Check _____
Copilot Date: _____	Initials: _____	Cash _____	Check # _____