



# Confidential Membership Application

New Membership

Renewal

Address Change

Last Name

First Name

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address

Phone

\_\_\_\_\_

\_\_\_\_\_

City

State Zip

Bulletin?

\_\_\_\_\_

\_\_\_\_\_

Pick Up

Mail

Other

Birth Date

Completed Strength

Spouse Name

\_\_\_\_/\_\_\_\_/\_\_\_\_

Training Class? Yes

\_\_\_\_\_

Emergency Contact Name

Emergency Contact Phone No.

\_\_\_\_\_

\_\_\_\_\_

Receipt No.

Email Address

DB

\_\_\_\_\_

\_\_\_\_\_

I have read, understand and agree to comply with the Code of Conduct.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

By submitting below, do hereby hold harmless, release and waive all claims I may have against Blaine Senior Center, their officials, management, employees, agents, or contracted instructors and any other person(s) involved in the activities I participate in for any and all injuries, losses or damages suffered by me as a result of my participation in this activity. By participating, I am declaring that I am able to participate and will do so with all reasonable caution. I accept full responsibility for the cost of treatment for any injury, losses or damages suffered while taking part in these activities or as a result of taking part.



## Volunteer Opportunities

Please check those areas of volunteer interest.

- |                    |                          |                         |                          |                        |                          |
|--------------------|--------------------------|-------------------------|--------------------------|------------------------|--------------------------|
| Board/Governance   | <input type="checkbox"/> | Friday Bingo            | <input type="checkbox"/> | Meals on Wheels Driver | <input type="checkbox"/> |
| Bulletins/Mailings | <input type="checkbox"/> | Front Desk/Reception    | <input type="checkbox"/> | Monthly Bingo          | <input type="checkbox"/> |
| Class Instructor   | <input type="checkbox"/> | Fundraising             | <input type="checkbox"/> | Outside Garden Beds    | <input type="checkbox"/> |
| Committees/Boards  | <input type="checkbox"/> | Hospitality/Dining Room | <input type="checkbox"/> | Pancake Breakfast      | <input type="checkbox"/> |
| Decorating         | <input type="checkbox"/> | Kitchen Help            | <input type="checkbox"/> | Special Events         | <input type="checkbox"/> |
| Flyer Distribution | <input type="checkbox"/> | Library                 | <input type="checkbox"/> | Watering Plants        | <input type="checkbox"/> |

Class Instructor \_\_\_\_\_

Hobbies, Interests, Skills \_\_\_\_\_

Current/Former Employment \_\_\_\_\_