

MARIELDERS Membership Form

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ Email: _____

No. of Persons in Household: _____ Marital Status: _____ Gender: _____

Race: _____ Ethnicity: _____

Previous profession/employer: _____

In Case of Emergency Please Notify:

Name: _____ Relationship: _____

City/State: _____

Home Phone: _____ Cell Phone: _____

Health Condition(s): _____

Allergies: _____ Disabilities: _____

COVID vaccine status: I have received the following number of does of the COVID vaccine (circle) : 1 2 3

Disclosure Statement: All information obtained will be kept confidential and no personal identifying information about you will be released to the public unless otherwise required under federal law. The information will be entered into a secure database. Summarized data will be reported to the Administration on Aging in order to keep both state and federal legislators informed of the effectiveness of senior programs (as required by the Older Americans Act). You may not be denied services for refusing to provide any of the information requested.

Privacy Notice: The above health information will only be used or disclosed to provide you with treatment and services in the case of illness or injury that occurs while at the Senior Center or on a Senior Center trip.

Authorization/Release: I agree to release from liability, MARIELDERS, INC., staff and volunteers for any injury or illness accidentally incurred by me. First aid may be administered by a competent person. In the event of an emergency, I hereby give permission to the person in charge to tell or to send me to a physician or hospital, as needed. I also agree to allow the staff to release any medical and non-medical information to any entity that may be involved in my care for the purpose of planning/providing services to meet my needs.

Signature: _____ Date: _____