

# Verona Senior Center – New Member Information Sheet

Note: We respect your privacy. This information is always kept confidential.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Note: Email is required for virtual events, important for updates, class/scheduling changes, cancellations

Would you like to receive our monthly newsletter and weekly emails?  Yes  No

Yes  No  
I am interested in hearing about volunteer opportunities!

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Second Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_

Joined Date (today's date): \_\_\_\_\_

For Office Use Only:  
Residency Verification – must be verified on Access Dane website: <https://accessdane.countyofdane.com/>  
 City of Verona Resident  
 Town of Verona Resident  
 City of Madison  
 Other: \_\_\_\_\_  
 Verified on Access Dane  
Enter appropriate membership on person record to indicate residency. End date will autofill to future date.

Spouse/Partner Name: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced  Partnership

Are you a Veteran?  Yes  No Spouse of a Veteran?  Yes  No

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Does your emergency contact live with you?  Yes  No

Are you participating in any activities today?  Yes, Activity: \_\_\_\_\_  No

How did you hear about us? \_\_\_\_\_

The following information is gathered for data collection and funding reasons only.

Gender (optional):  Female  Male  Other: \_\_\_\_\_

Race (optional, choose all that apply):  American Indian or Alaskan Native

Asian or Pacific Islander  Black or African American  White / Caucasian

Multiracial: \_\_\_\_\_  Other: \_\_\_\_\_

Ethnicity(optional):  Hispanic / Latino  Non-Hispanic / Latino

For Office Use Only (Front Desk Volunteer):  
Today's Date: \_\_\_\_\_ Front Desk Volunteer Initials: \_\_\_\_\_  
See back for more instructions.

# Verona Senior Center

## Liability Waiver

We the undersigned hereby acknowledge that we are familiar with the risk and dangers in recreational activities. We agree to hold the City of Verona, its officers, agents, and employees, both individually and in his or her official capacity, harmless from any liability for injury or damage to person or property because of undersigned's participation in said activity(ies). We further agree that the person supervising the activity may, without further permission, take whatever step he or she deems necessary in case of injury. Which may include, obtaining emergency medical or dental care and to hold the City of Verona, its officers, agents, and employees, both individually and in his or her official capacity, harmless from liability in connection therewith as above specified.

Initials: \_\_\_\_\_

## Photo Release

I agree to grant Verona Senior Center permission to record my participation in Senior Center activities via photography, film and/or video. I further agree that any or all the material photographed may be used as part of any future publications, brochure, or other printed materials used to promote Verona Senior Center, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Initials: \_\_\_\_\_

### ***For Office Use Only (Front Desk Volunteer):***

#### Directions:

1. Once the form is completed, explain to the person that they will sign in with their phone number any time they are at the Senior Center.
2. Check to see if they are already in our system. **Please check carefully so we do not create a duplicate record.** Steps to check and double check are in handbook, in the *Consistency and Data Entry* section, if needed.
3. If they are in the system, click edit on their person record and update phone, email, membership/residency. If they are not in our system, add their name, phone, email, and membership/residency. See handbook for directions.

Be sure to initial and date on front.

Please just enter info above, not more, Linda will take care of the rest.

Place sheet in Linda's mailbox. Thank you!

Participant Name (print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_