

# FY 2018 Easton Council on Aging Program Registration Form

If you would like to participate in a COA program or receive services from the COA from July 1, 2017 through June 30, 2018, please complete the following form and return it to the Easton Council on Aging, 15 Barrows Street, North Easton, MA 02356. Even if you completed one last year, we ask that you fill out a new form, as we want to be sure our information is up-to-date.

NAME: \_\_\_\_\_  
*(First Name - Mid Initial- Last Name)* \_\_\_\_\_ *Spouse's First Name (if applicable)*

TITLE: (Please x one box:)  Mr.  Mrs.  Miss  Ms.  Dr.  Rev.  Other \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_ Is this number listed in the telephone book?  YES  NO  
*(Area Code)* *(Phone #)*

STREET ADDRESS: \_\_\_\_\_  
*(Street #)* *Street Name)*

TOWN, STATE, ZIPCODE: \_\_\_\_\_  
*(Town)* *State* *Zip Code)*

MAILING ADDRESS (if different): \_\_\_\_\_  
*(Post Office Box # and Zip Code)* *(email address)*

DATE OF BIRTH: \_\_\_\_\_  
*(Yours: Month / Day / Year)* *(Your Spouse's: Month / Day / Year)*

*(Please √ one box for each section.)*

GENDER:  Male  Female  
ETHNICITY:  African American  Asian American  Caucasian  Hispanic  
 Other \_\_\_\_\_

DISABILITY: Are you disabled?  Yes  No Nature of disability: \_\_\_\_\_  
Do you use a wheelchair?  Yes  No

Are you the head of your household?  Yes  No

Are you currently a volunteer for the Easton Council on Aging?  Yes  No

Would you like to volunteer to help the Easton Council on Aging?  Yes  No

May the Easton Council on Aging use pictures of you participating in COA programs in the monthly newsletter, brochures, program presentations, and on the COA website?  Yes  No

**EMERGENCY CONTACT INFORMATION:** *Please list the name and phone number of an emergency contact person that the COA director, or staff member, may call if you experience a medical emergency while participating in a COA program.*

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: (i.e. spouse, son, daughter, neighbor, friend, etc.) \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_

I certify that the above information is correct:

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

**(Privacy Notice:** *The above information is used for Easton Council on Aging program purposes only and will be kept confidential. This information is not a public record and is protected by Mass. General Laws Ch 40, section 8B.)*