



Seniors Directory—National Capital Region

Please fill out separate forms for you and your spouse/partner. Thank you.

N.B. We are committed to privacy. We will keep all of your information confidential, and will use it only to inform you of our programs and activities.

Your Name: _____ M / F Age: ____ Drive? Y / N

Name of Your Spouse/Partner: _____

Your Email: _____ **Your Phone:** _____

Language(s) spoken: *Please specify all languages spoken.*

English: Y / N

Indian Language(s) (specify all): _____

Emergency Contact(s): *Please provide at least one.*

Name _____ Tel: _____ Relationship _____

Name _____ Tel: _____ Relationship _____

Interests: *Circle the item(s) and add other interests*

- Yoga Bridge Other Card Games Games for Fun Craft Painting Music
 Movies TV Shows Socializing Potluck Food Hiking Talks for Seniors
 Helping Others Mentoring Travel Reading Writing

Other Interests (*please specify*): _____

Yes, I would like to receive emails and to be contacted for the purpose of information regarding seniors' programs and activities.

Signature Name Date

Referred By:

Organization _____ Contact _____ Tel: _____