



Suffield Mini Bus Member Registration Form

145 Bridge Street
Suffield, CT 06078
(860)668-3844

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: ___/___/____ Gender: Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

P.O. Box: _____ Phone: _____ Email: _____

Do you live alone? _____ Yes _____ No Are you a Veteran? _____ Yes _____ No

Marital Status: _____ Married _____ Single _____ Widowed _____ Divorced

Please list any Allergies: _____

EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

OTHER INFORMATION

Wheelchair: _____ Yes _____ No Primary Care Physician: _____
Physician's No.: _____

Special Assistance: _____ Yes _____ No

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purposed only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation

SIGNATURE: _____ DATE: _____

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