



# 2024 MEMBERSHIP APPLICATION

Updated 6-13-2024

\$40 Annual Membership Fee

Check One:  New Member  Renewal

**PLEASE PRINT CLEARLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt or Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married Spouse Name \_\_\_\_\_

### Communicating with You

We still use our "Rockin' Seniors" monthly newsletter as our main source of communication, but we use other methods as well; there are times we need to reach out to members between newsletter issues. Please take a moment and tell us your preferences.

"Rockin' Seniors" Newsletter:  Send it in the mail  Will pick-up at Center  Email it to me  
You can have it sent by email (earliest way to get it) and also receive a physical copy in the mail or picking it up – check the boxes

We send out a weekly email to our members, we will use the email above but you may also provide others.

Do you text on your cell phone?  Yes  No Do you use Facebook/Instagram/Twitter?  Yes  No  
Please like or follow

### In Case of Emergency

It is important that we have a local contact (family member or friend) in case there is an emergency of some kind.

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Do you live alone?  Yes  No Health information we should know \_\_\_\_\_

### Signature Required

**WAIVER AND RELEASE OF LIABILITY:** I understand that participating in the activities, programs, services, and sports leagues, and accepting transportation provided to and from such activities offered by the Castle Rock Senior Activity Center (CRSAC) (collectively referred to for purposes of this waiver and release as the "Activities"), may have an element of hazard or inherent danger, and further may be a test of a person's physical abilities. I understand that my participation in the Activities could cause serious injury, potential death, and property damage. Understanding the potential risks, I assume the risks of participating in the Activities and I waive and release the CRSAC, the Town of Castle Rock (TOCR), TOCR's elected and appointed officials, officers and any of CRSAC & TOCR's directors, employees, and volunteers acting within the course and scope of their duties for the Center and/or Town. I also agree to indemnify and hold CRSAC and TOCR harmless from any claims or liabilities made against them as a result of my actions or any action taken by another on my behalf.

I certify that I have read and understand this Waiver and Release of Liability, I understand I am giving up substantial rights by signing this waiver and release, and my waiver is voluntary. I also agree that my photograph may be taken while participating and such photographs may be used in publications and for promotional purposes, and I will not receive any compensation. As a member of CRSAC, I will adhere to the "Code of Conduct" as set forth in the Center's Bylaws.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**See back page for more ways to get involved**

**Getting Involved**

*One of the ways to get the most out of your membership at the Castle Rock Senior Activity Center is to volunteer or serve in some way. You'll make friends, get to know the staff, and have a voice in the workings of your Senior Center. Please fill out the information below so that we can best help you get involved.*

**Volunteer Opportunities:**

- Drivers (Shuttle, Specials or Events) using CRSAC vehicles
- Kitchen Help (VOA, Potlucks & Social Events)
- Special Event Help (Craft Show, Expo)
- Proofreading of Newsletter/Mailings
- Front Desk Receptionist
- Set Up for Programs (Table and Chairs)
- Connect and Care Caller
- Fundraising/Donation Caller
- Other: \_\_\_\_\_

**Volunteer Opportunities using Personal Vehicle:**

- Meals on Wheels Driver
- Pastry Pick-up
- Facilities (Hauling and/or Minor Repairs)
- Hot Lunch Program Driver

We are always seeking new committee members for standing committees of the Board of Directors. Please check below if you are interested in serving in any of these committee areas.

- Activities
- Fundraising
- Membership/Outreach
- Transportation
- Budget and Finance
- Sports

Sometimes we are looking for individuals with particular backgrounds. Please tell us your experience.

Occupation \_\_\_\_\_

Hobbies and other interests \_\_\_\_\_

**Communicating with Family Members**

*Don't your family members want to know what kinds of things you may be doing at your Senior Center? If you can provide email addresses, we will send out occasional updates about the happenings here, maybe with your picture. Even if you don't email, they probably do, so please ask them for their exact email addresses.*

Family Member \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Family Member \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_ Payment Processed by \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash Check Credit Card

Date Entered In System \_\_\_\_\_ Entered by \_\_\_\_\_ Renewal Date \_\_\_\_\_