

Renewal ☐ Yes ☐ No
☐ With Changes ☐ No Changes
Spouse _____

Membership Form

Please Print Neatly and Press Firmly

General Information

Preferred Name / Nickname: _____

Name: _____
Last Name (Family Name) First Name (Given Name) Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Birth Date: ____/____/____ Gender: ☐ M ☐ F Fairfax County Resident? ☐ Yes ☐ No
Month / Day / Year

Email: _____

Native Language: _____ Other Languages: _____

Country of Origin: _____

Emergency Information

Person to Contact: _____ Relationship: _____
Last Name, First Name

Address: _____
Street City State Zip Code

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Email: _____

If 9-1-1 is called, my health info can be obtained ☐ in purse ☐ in wallet **other** _____

Program Information

Do you need bus transportation to the center? ☐ Yes ☐ No Circle days needed: M T W Th F

If Yes: Will an attendant ride with you? ☐ Yes ☐ No Desired Start Date: _____

Do you have any of the following? ☐ Wheelchair ☐ Scooter ☐ Walker ☐ Medicaid # _____

Do you need lunch at the center? ☐ Yes ☐ No Dietary restrictions? ☐ Vegetarian ☐ No Pork ☐ No Beef

Payment Type: ☐ Cash ☐ Check # _____ ☐ Credit Card (additional form must be attached)
Make Checks Payable to "DNCS" (Department of Neighborhood and Community Services)

Acknowledgement: I have received, read, and I understand the Eligibility and Terms of Membership, and by my signature, agree to its terms.

→Signature of Participant: _____ Today's Date: ____/____/____

VOLUNTEERS NEEDED!!! Can you devote some time or talent as a volunteer? ☐ Yes, call me ☐ No

What is your Occupation/Trade (now or before retirement)? _____

Office Use Only

Daily Guest Card # _____

☐ Senior REC ☐ Senior Plus

Fee Variance Requested Y / N

Received: ☐ \$48 ☐ \$24 ☐ \$100

Parknet # _____

Variance Eligibility Verified Y / N

Membership Start Date: ____/____/____

Harmony # _____

Variance Amount: _____

Membership End Date: ____/____/____

FASTRAN # _____

PLEASE READ CAREFULLY – Eligibility and Terms of Membership

Eligibility: To qualify for membership at Fairfax County Senior Centers, a participant must be:

- 55 years or older; and
- Able to orient correctly to time and place; and
- Able to independently ambulate and navigate center facilities; and
- Able to get on and off a county vehicle independently (except for lifts); and
- Able to remain seated in a county bus or van with the seat belt fastened until the bus comes to a complete stop; and
- Able to receive and follow verbal instructions independently; and
- Able to recognize and respond appropriately to emergency warnings; and
- Able to function independently in a social setting using appropriate and respectful manners, language, and self control; and
- Able to maintain personal care (eating, restroom usage) independently

Membership Fee: The annual fee for Fairfax County residents is \$48. Residents below specified income levels may request a variance with required documentation. Non-Fairfax County residents pay \$100 and are not eligible for a variance.

Emergency Treatment: The Fairfax County employees have permission, in the event of an emergency, at my expense to: (1) contact my emergency contact person, and/or (2) utilize the most convenient rescue squad vehicle or ambulance to transport me to the nearest hospital.

Photograph: By signing this form, I give my permission to be photographed and/or videotaped by the Fairfax County staff, unless a separate written request not to photograph is submitted to the Department of Neighborhood and Community Services. I understand that the media may be used by Fairfax County staff or Advisory Council members to promote senior center activities in printed or electronic format, and I give permission for that use.

Code of Conduct: I understand that all participants must comply with the Code of Conduct.

Inappropriate behavior is not permitted at senior centers. Inappropriate behaviors include but are not limited to:

1) physical or sexual assault, battery, or improper touching; 2) loitering, smoking, gambling, solicitation, or panhandling; 3) destruction or theft of equipment or supplies; 4) possession or consumption of alcoholic beverages or public intoxication; 5) harassment of any kind to other participants or staff members; 6) use of abusive, insulting, obscene, or racially derogatory language; or 7) inability to exhibit self-control and appropriate self-conduct.

A participant who violates this Code of Conduct will be asked to leave the Center. A violator will be subject to the progressive disciplinary actions outlined in the Agency Policy and Procedure No. 141, to include denial of his/her continuation in the program.

Personal Insurance and Security: Participants are advised to carry their own insurance covering themselves while participating in Fairfax County programs. Participants are responsible for securing their own personal items.

Transportation: I give permission to ride provided transportation to/from the center and on field trips.

Permission to Share Information: Senior Center Staff has permission to seek out and share information with Fairfax County Agencies. The information would be used to provide a supportive environment where I can be better served.

Confidentiality & FOIA: In accordance with the Privacy Protection Act of 1976, the requested information will be used only to coordinate activities of this agency. I understand that some of the information contained in this form may be released to a person who requests such information in accordance with the requirements of the Virginia Freedom of Information Act. As this statement indicates, not all information collected is subject to availability under the FOIA. Medical information, anything relating to mental or physical well-being, social security numbers, and letters written to DNCS regarding participants or personnel are exempt from FOIA requests.

Liability Waiver: I recognize that there are risks inherent to participation in recreational activities and agree to hold harmless the County of Fairfax, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which result from my participation in any and all activities sponsored by the County.



Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations call 703-324-4FUN (4386), TTY 711. Please allow ten working days in advance of the event in order to make the necessary arrangements.

www.fairfaxcounty.gov/rec



Fairfax County, Va., publication,
May 2010

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