

## Pullman Community Council on Aging Senior Chore Service

Senior Registration

Thank you for your interest in the Senior Chore Service. Our mission is to assist Pullman seniors with an extra helping hand, so that they may remain in their homes as long as possible. As a volunteer-based program, we cannot guarantee services, however, and there may be a waiting period while we work to identify potential volunteers to assist you.

Name		Date:							
Address									
	Cell								
Date of Birth:	Male 🛭 Female 🗈								
Spouse		Date of Birth:							
Spouse Phone, if dif	ferent:	Male [	Female [						
Emergency Contac	t	Rel	Relationship						
Phone:	Email		Local?(y/n)						
additional reques  Outdoor: Yard clear home maintenance  Indoor: Indoor clear Light home mainten  Other: Companions	e check those you hope to rests in the future without filling and and arder (outdoor) Other : ning Furniture moving/Finance (indoor) Other : ship (home visits, phone call	ng out a new form ning Snow Shows Sh	veling I Light Packing I						
I prefer to receive: one	e-on-one help (on-going) 🏻 cho	re crew help (one-ti	me) 🛘 no preference 🖟						
services will not be pr unrealistic expectation or concerns. I release	n requesting volunteer services ovided by a paid professional. ns for services. I will contact the and agree to hold free from all ployees and volunteers.	I agree to not expos ne Senior Chore Coo	se the volunteer to risks or ordinator if I have questions						
0 1	a SCS yard sign to be placed in This helps publicize the progr		•						
Signature		Date							



## Pullman Community Council on Aging Senior Chore Service

Demographic Information

This information is collected to track who receives our services and measure our impact in the greater Pullman community. It is kept private and reported to funders, our board, and the public <u>only</u> in aggregate and <u>never</u> with any identifying personal information.

<u>Marital</u>	Status:						
S	ingle [	Married [	Divorced [	Widowed [			
Househ	old Inform	nation:					
Н	low many l	ive in your ho	usehold?	_ Who?		Pets?	
D	escribe you	ur support net	work:				
_							
Other A	<u>Assistance:</u>	<u>i</u>					
D	isability be	enefits? Yo	es 🛮 No 🗈				
D	o you rece	ive support or	assistance from	m another age	ncy?	Yes [	No 🏻
	If yes,	, list agencies:					
Demogr	raphics:						
A	re you a ve	eteran or spou	se of a veteran	? Yes [	No 🏻		
Is	s your inco	me <b>more thar</b>	\$900/month?	Yes [	No 🛚		
Is	s English ye	our primary la	nguage?	Yes [	No 🛚		
	If no,	what languag	e(s) do you use	?			
E	thnicity:	Asian Americ	asian [ Bl can/Pacific Isl not to say [: _	ander 🛭 🔝 N	lative Am	erican 🏻	spanic/Latino
R	esidence:	Apartment (r	y home (own) [ rent) [ Apa	artment/cond	o (own)	ne (rent)	]
Т	ransportat		ar [ Publi Transportatio	-		• .	