



# GRESHAM SENIOR CENTER

## Volunteer/Membership Form

Welcome to the Gresham Senior Center! Thank you for taking a few minutes to complete this membership form. Your information will be kept confidential. GSC is a private, non-profit organization. By filling out this form you become a voting member of the GSC.

**PLEASE PRINT!**

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

YOUR BIRTH DATE \_\_\_\_\_ YOUR PREFERRED LANGUAGE: \_\_\_\_\_

Person to notify in case of emergency:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Please list any of your health conditions we should be aware of: \_\_\_\_\_

GSC RUNS ON VOLUNTEER POWER! WOULD YOU LIKE TO VOLUNTEER ?

Special Events \_\_\_\_\_ GSC Boutique: \_\_\_\_\_ Front Desk or office \_\_\_\_\_

Library: \_\_\_\_\_ Games \_\_\_\_\_ Teach a Class in \_\_\_\_\_

\_\_\_\_\_  
\_ YOUR SIGNATURE

\_\_\_\_\_  
DATE