



70 Pine Street, Bracebridge, Ontario P1L 1N3  
705-645-2100 ext. 199 seniorsprograms@muskoka.on.ca

## Program Registration Form

### General Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MM/DD/YYYY

Please list any allergies or dietary restrictions: \_\_\_\_\_

How did you hear about Seniors Programs and Services? \_\_\_\_\_

Which program(s) are you applying to?

W.I.S.E. Clubhouse  W.I.S.E. Workshops  W.I.S.E. Workouts  N.I.A.  H.A.P.P.Y. Days   
Intergenerational Mentorship Program  Friendly Visitor Program  Pen Pal Program

Would you like to receive program information by email? Yes  No

Would you like to receive friendly reminder calls? Yes  No

If yes, please check location(s): 175 Lofty Pines  Bala  Baysville  Bracebridge  Dwight  Gravenhurst  
 MacTier  McVittie Place  Milford Bay  Port Carling  Port Severn  Port Sydney  Ryde  Severn  
Bridge  Torrance  Ullswater  Vankoughnet

May we share your birth day and mailing address with our Peer Support Committee? Yes  No

### Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Safety Check Consent:** If we make a reminder call but cannot reach you after two attempts or visit your home at a scheduled time but you do not answer your door, may we contact your emergency contact person?  
Yes  No

Please review the following statements, initial each one, and sign and date the bottom of the page.

**Media Waiver:**

I, \_\_\_\_\_, hereby release my image and/or likeness for use in a newspaper, print article, Seniors Programs and Services presentation and The District Municipality of Muskoka website. I agree that the photos may be edited and used, in whole or in part, in all media, including, but not limited to, print articles and CD-ROM, Internet and presentations by the Seniors Programs and Services Team. I consent to the use of my name, likeness, and biographical information in connection with the distribution and promotion of Seniors Programs and Services.

**Initials:** \_\_\_\_\_

**Physical Activity Waiver/Release:**

I, \_\_\_\_\_, understand that many of the activities and programs provided through Seniors Programs and Services will involve an active, physical component. I acknowledge that the risks and benefits of these activities have been reviewed and explained to me. I understand and confirm that I will choose my own level of participation in these activities so that no harm will result from participation. I understand these activities may involve physical strenuous exercise and risk of bodily injury and I accept full responsibility for myself and my safety while participating in these programs. I hereby release Seniors Programs and Services, The District Municipality of Muskoka, its officers, employees, or agents from any liability for my personal injury or otherwise, arising out of or in any way connected to my participation in this exercise program.

**Initials:** \_\_\_\_\_

**Notice and Consent:**

Seniors Programs and Services collects, uses, discloses, and stores facts about you and your health. These facts are collected to help provide volunteer support services and/or programs. This may include but not limited to: your name, address, phone number, and date of birth and facts about an emergency contact person. We use this information and share it only with those who need to know that information. For instance, we might use it to help make decisions about the types of support services you need; to serve as a means to communicate with other service providers and volunteers who provide services or on behalf of Seniors Programs and services; to monitor the provision of services and evaluate your response provided; and for administration, management, strategic planning, decision-making, research, and allocating of resources within the organization. Your personal information is private. Unless sharing it with others is authorized by law, we cannot and will not give out any of your personal information without your consent.

I have reviewed the above summary of information relating to Seniors Programs and Services' Privacy Policy. I have had an opportunity to have questions answered regarding this Notice and feel that I have a reasonable understanding of the Notice. I hereby authorize the collection, use, and disclosure of my personal information by Seniors Programs and Services in order to facilitate the provision of support services to myself and for specific, related purposes as detailed within that Notice. **Initials:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## For Friendly Visitor Program Applicants Only:

### Additional Information:

Gender: \_\_\_\_\_ Marital Status (S/M/W/D): \_\_\_\_\_

Live With Whom: \_\_\_\_\_ Are there smokers in the household? Yes  No

Pets: \_\_\_\_\_

Type of Accommodation:    House             Apartment             Other \_\_\_\_\_

### Interests and Hobbies:

Please help us get to know you by checking all that apply:

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Reading        | <input type="checkbox"/> Knitting    | <input type="checkbox"/> Clubs       |
| <input type="checkbox"/> A Cup of Tea   | <input type="checkbox"/> Coffee Time | <input type="checkbox"/> Day Trips   |
| <input type="checkbox"/> Walking        | <input type="checkbox"/> Cards       | <input type="checkbox"/> Board Games |
| <input type="checkbox"/> Hobbies        | <input type="checkbox"/> Pets        | <input type="checkbox"/> Music       |
| <input type="checkbox"/> Shopping       | <input type="checkbox"/> Television  | <input type="checkbox"/> Movies      |
| <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Travelling  | <input type="checkbox"/> Reminiscing |
| <input type="checkbox"/> Other _____    |                                      |                                      |

### Friendly Visiting Availability:

Mon.     Tues.     Wed.     Thurs.     Fri.     Sat.     Sun.     Mornings     Afternoons     Evenings

### Friendly Visiting Eligibility Defined:

Please check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alzheimer's      | <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Cancer                |
| <input type="checkbox"/> Depression       | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Hearing Impairment    |
| <input type="checkbox"/> Heart Condition  | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Isolated              |
| <input type="checkbox"/> Limited Mobility | <input type="checkbox"/> Lives Alone         | <input type="checkbox"/> Memory Loss           |
| <input type="checkbox"/> Osteoporosis     | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Stroke                |
| <input type="checkbox"/> Socialization    | <input type="checkbox"/> Visual Impairment   | <input type="checkbox"/> Other (explain below) |

Other, Special Requirements, or Notes:

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Do you give Seniors Programs and Services and your future Friendly Visitor Volunteer permission to enter into and visit you within your home? Yes     No

# Seniors Programs and Services' Code of Conduct

Seniors Programs and Services participants aspire to create a community that is:

## Welcoming

- \*Greet people when they arrive, especially newcomers
- \*Introduce yourself to newcomers and help them to meet other participants
- \*Invite new participants to sit with you
- \*Wear name tags so newcomers, presenters, and guests can easily call us by name

## Respectful

- \*Honour and respect other participants' decisions
- \*Address others with a respectful tone of voice
- \*Utilize manners, not forgetting 'please' and 'thank you'
- \*Wait for others to complete what they are saying rather than interrupting
- \*Avoid sidebars, allowing everyone a chance to contribute to the conversation or discussion
- \*Respect confidentiality
- \*Recognize and respect our differences
- \*Accommodate, assist, and/or support people with disabilities, whether intellectual or physical
- \*Respect our presenters and guests' time by maintaining a focus in our questions and discussions

## Encouraging

- \*Encourage others to participate and join in the programs regardless of their skill level
- \*Communicate with others in a positive, friendly manner
- \*Lend a helping hand

## Fair

- \*Treat all participants according to the same standards
- \*Modify or adapt activities to meet various ability and comfort levels

## Positive

- \*Attempt new skills and try new activities with a positive attitude
- \*Focus on what we can do rather than what we can't do

## Fun

- \*Develop a culture of positive fun by participating in games, dressing according to theme, or making others feel at home.