

Chesterfield Senior Center Mission

The purpose of the Chesterfield Senior Center is to provide programs, activities, services & educational opportunities that support independence, health & well-being of active senior adults, thereby enhancing overall quality of life.

Are there any programs that you would like to see offered? _____

Chesterfield Senior Center Code of Conduct and Facility Rules

1. **Members must have valid, up-to-date membership for all activities, trips, luncheons, and programs.** Office staff will ask that you sign in upon each visit manually or via key card (purchased for \$2).
2. Treat everyone with dignity and respect. The use of abusive, intimidating, threatening or harassing language is not allowed. Fighting, physical, verbal or emotional abuse; or destroying or damaging property is strictly prohibited. If a situation does not alleviate on its own, please bring concern to staff
3. In order to protect the life of our facility - carpeting, furnishings, etc., food and beverages are not allowed on upholstered furniture. Food and drink are allowed in areas with hard surface/flooring only
4. Please take care of all equipment (i.e. billiard, tables, chairs, etc.). Notify staff of any broken items.
5. Participants are allowed in common areas only. The staff offices and kitchen storage closets are off-limits without explicit staff permission.
6. Service Animals, as defined by federal and state law, may enter the Senior Center and must be restrained and under the supervision of a companion or owner at all times. Animals must be leashed and may not be left unattended outside of the Senior Center.
7. Smoking is prohibited. If you must smoke, per Michigan law, you must be at least 20 feet from the entrance of the building. Designated receptacles should be used for waste.

Facility Rule Acknowledgement

I understand violation of the Senior Center Code of Conduct and Facility Rules may result in disciplinary action, including and up to suspension from all Senior Center activities. For violation of Code of Conduct that protect the safety of participants and staff, immediate suspension from the program may result. Repeated violations may also result in revoking membership. My signature below represents my acknowledgement and understanding.

Chesterfield Department of Leisure Services Waiver of Liability

I have read and understand the nature of physical demand of these activities & the policies set forth by Chesterfield Township Leisure Services. I have noted at registration any medical or physical conditions which might affect participation. I therefore release any and all claims for damages against Chesterfield Township and all individuals assisting in the instruction or conduction of their activities, for any all injuries, loss or damages suffered by myself or the participant or in any way connected with these injuries. By signing, I give permission to any employee, agent or professional of the Chesterfield Department of Leisure Services to have myself examined and treated by a physician and admitted for hospital care if, in their judgement, such examination, treatment or hospital care becomes necessary while I am participating.

Signature _____ Date _____

Do you require handicap parking?	Y / N	Do you need senior housing information?	Y / N
Do you need senior transportation?	Y / N	Are you interested in volunteering?	Y / N



Chesterfield Senior Center Membership and Household Size Survey

Date:

Key Tag No.:

Circle: **New** **Renew**

Caregiver Required: **Y** **N**

Funding for the maintenance and operations of the Chesterfield Senior Center comes from the Federal Government. The U.S. Department of Housing and Urban Development requires members of the Center to provide their household size, annual household income and race in order to maintain funding to the Center. **This form is required for membership. If you choose to omit information, membership may not be granted.**

PLEASE PRINT

First Name	Last Name	Date of Birth	
Address	City	State	Zip
Home Phone:	Cell Phone:		
Email:			
Emergency Contacts			
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Hospital /Dr./ of Choice:		Phone:	

Circle the number of people who live in your household, including yourself:

1 2 3 4 5 6 7 8

Please check all that apply:

White **Black/African American** **Asian** **Native American Indian**
 Hispanic/Latino/a **Multi-racial** **Other**

Penalty for False or Fraudulent Statement: U.S.C. Title 18, § 1001. Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willingly (1) falsifies, conceals or covers up by any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in Section 2331) imprisoned not more than 8 years, or both.

Signature _____ **Date** _____

Please complete other side



11/01/2020

TURN OVER