



WELCOME NEW PARTICIPANT

Welcome to the Hollywood Senior Center! Founded in 1973, our mission is **to promote health, independence and well-being** for adults 55 and greater. We provide services and activities for all adults across a full spectrum of interests and needs. As a multipurpose center, we provide a broad schedule of programs and activities in four key areas – **health promotion, education, recreation and nutrition**. We partner with a variety of community organizations including Portland Community College and Portland Parks & Recreation to bring you classes and programs.

The Hollywood Senior Center is a designated District Senior Service Center under contract with Multnomah County's Aging and Disability Services. We provide assessment and care coordination for seniors living at home who need assistance to remain independent in their own homes as well as information and assistance in accessing resources for support.

Hollywood Senior Center is a private, non-profit corporation; *it is not a government-operated organization*. We own and maintain our building. The majority of our funding must come from private contributions and bequests. We depend on your financial support which allows us to continue to serve the community, and to be here for you; it is greatly appreciated! As a 501(c)(3) non-profit, your donations to the Center are tax-deductible to the fullest extent that the law allows.

Please fill out and return the registration form below, along with your **annual \$20 Registration Fee**. **Thanks for coming in, we're pleased to have you here!**

HOLLYWOOD SENIOR CENTER PARTICIPANT REGISTRATION

NAME _____ DATE _____

ADDRESS _____ ZIP _____

PHONE _____ EMAIL _____ BIRTHDAY _____

Please enclose your annual **\$20 Registration Fee** that helps to cover the cost of bringing you the Center's activities, services and *The Close-Up* monthly newsletter. *Contributions in addition to the Registration Fee are greatly appreciated!* I want the Center Newsletter mailed: YES _____ NO _____

Please provide the following information in order for us to assist you if there is an emergency when you here.

PHYSICIAN'S NAME _____ PHONE _____

YOUR HOSPITAL PREFERENCE _____

(In case of a medical emergency, we will contact 911)

PERSON TO CONTACT IN CASE OF EMERGENCY:

PHONE _____

RELATIVE NEIGHBOR FRIEND (please circle one)

May we contact you about becoming a **Volunteer at the Center**? YES _____ NO _____