

Welcome to My Senior Center



Please fill out form and come down to the Jenks Center.
We will give you a card for your keychain to check in
when you come and visit or participate in one of our
many programs.

Name w/middle initial _____

Address _____

City, State, Zip Code _____

Phone Number () _____ Cell Phone () _____

E-Mail _____

Date of Birth _____ Do you live alone /Yes No

Emergency Contact (*Please include name/relationship/phone number*)

Do you volunteer at the Jenks Center/Yes No if yes for what program

Are you a member of another Senior Center/Yes No

If yes Card number# _____