



MEMBERSHIP APPLICATION

(Person #1)

725 8th ST SE
 Washington DC 20003
 Phone: (202) 543-1778
 Web: www.capitolhillvillage.org
 E-mail: info@capitolhillvillage.org

Capitol Hill Village is a not-for-profit organization within the community of Capitol Hill, which focuses on the population of the elderly. We provide a vast range of services to help the elderly stay in the comfort of their own home as they go through major changes in their life as they age. However, we believe that age is just a number and so we have members of all ages. Some of the services we provide, include but are not limited to, are transportation services to appointments and other activities, referrals to professionals and volunteers, educational programs, and many social activities that you can be a part of. All the services that we provided have are through our members and for our members, therefore creating a model of neighbors helping neighbors. At Capitol Hill Village, our work is our pride and passion, and therefore we provide the highest quality of personalized service to every individual who walks through our doors. **Membership Type:** Regular Urgent Social Subsidized **Enroll as:** Individual Household

CONTACT INFORMATION:			
Last Name:		First Name:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)	Email Address:	
Address: <input type="checkbox"/> Capitol Hill Towers <input type="checkbox"/> Arthur Capper Senior Public Housing <input type="checkbox"/> Townhomes		City/State:	Zip:
Home Phone:		Cell Phone:	
EMERGENCY CONTACT:			
Last Name:		First Name:	
Relationship to the Applicant:		Email Address:	
Address:		City/State:	Zip:

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Phone Number:		Do they have a key to the house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BASIC INFORMATION:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed/ Divorced		Faith: <input type="checkbox"/> Jewish <input type="checkbox"/> Catholic <input type="checkbox"/> Baptist <input type="checkbox"/> Protestant <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other	
Ethnicity: <input type="checkbox"/> African-American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Euro-American/ White <input type="checkbox"/> Bi/Multiracial <input type="checkbox"/> Other (specify): _____			
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapons/Firearms in the Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Income/Assets: <input type="checkbox"/> <\$50K <input type="checkbox"/> \$50K - \$100K <input type="checkbox"/> \$100K+ <input type="checkbox"/> No response	
Home Style: <input type="checkbox"/> Apartment/ Condo <input type="checkbox"/> Single Family	Years you have been living at Capitol Hill:	Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use internet : <input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL NEEDS/ HEALTH INFORMATION:			
Special Needs: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Mobility Device <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Low Vision <input type="checkbox"/> Service Animals <input type="checkbox"/> Problems with Stairs <input type="checkbox"/> Use/ Want Companion Support			
Home Accessibility Challenges: <input type="checkbox"/> Stairs <input type="checkbox"/> Bathroom <input type="checkbox"/> Other: _____			Do you Drive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Doctor:	Insurance:	Hospital in Case of Emergency:	
Health Care Directives : <input type="checkbox"/> Yes <input type="checkbox"/> No Name:		Advanced Power of Attorney (POA): <input type="checkbox"/> Yes <input type="checkbox"/> No Name:	
COMMUNICATIONS			
How would you like to receive Newsletter/weekly emails: <input type="checkbox"/> Email <input type="checkbox"/> Paper <input type="checkbox"/> Both			
Would you like to be a part of the Member Directory: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please indicate what should be included)			

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<input type="checkbox"/> Individual Name	<input type="checkbox"/> Household Names	<input type="checkbox"/> Address	<input type="checkbox"/> Email	<input type="checkbox"/> Cell Number	<input type="checkbox"/> Home Number	<input type="checkbox"/> Affinity Groups that I would like to be a part of
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AFFINITY GROUPS YOU WOULD LIKE TO JOIN: (If there are groups you would like to start, please contact CHV at (202) 543-1778)

MONTHLY EVENTS

<input type="checkbox"/> Caregivers Support Group: To learn about caring for others	<input type="checkbox"/> Purls of Wisdom: Needlework Group
<input type="checkbox"/> Cinephiles Club: Monthly discussions of recent films	<input type="checkbox"/> Theater Group: Watch shows at local venues, often followed by a dinner discussion
<input type="checkbox"/> Dinner Party: Dinners and lunches with other members	<input type="checkbox"/> Travel Club: Travel or listen to stories about traveling
<input type="checkbox"/> History/Biography Book Club: Meet every six weeks for history and/or biography books	<input type="checkbox"/> Urban Walkers: Walking group to see the sights
<input type="checkbox"/> Literary Club: Discussion of book, play or poem of the month	<input type="checkbox"/> Village Opera Society: For those who love opera or want to learn more
<input type="checkbox"/> Meet, Walk, View, Eat: Walk to National Gallery, view art, and then lunch at the Gallery	<input type="checkbox"/> Wise Guys: Men’s Group
<input type="checkbox"/> Potluck Dinner: Bring your best dishes to feed the crowd	

WEEKLY EVENTS

<input type="checkbox"/> Easy Strollers: Walk through Congressional Cemetery	<input type="checkbox"/> Qi Gong: A gentle, powerful Chinese movement exercise
<input type="checkbox"/> Games and Puzzles: Hosted at Labyrinth Games and Puzzles	<input type="checkbox"/> “Second Wind” Chorus: Choir with a master musician/chorister
<input type="checkbox"/> Mahjong: Chinese game similar to rummy	<input type="checkbox"/> Social Bridge: Play or Learn Bridge
<input type="checkbox"/> Petanque: French game of boules, similar to bocce	<input type="checkbox"/> Tai Chi: Chinese Martial Arts

Volunteer opportunities you would like to be a part of (e.g. : Giving rides, volunteer for events, etc.):

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CHV PHOTO RELEASE

I grant to Capitol Hill Village, its representatives and employees the right to take photographs of me and my property in connection with CHV events, groups, and activities. I authorize Capitol Hill Village, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Capitol Hill Village may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed Name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____

(If under age 18)

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