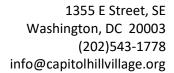capitol hill
VILLAGE

Membership Application Household – Member 1

Membership Type: ☐ Regular ☐ Membership Plus ☐ Urgent ☐ Subsidized

CONTACT & DEMOGRAPHIC INFORMATION:	
First Name:	**Last Name:**
Date of Birth (mm/dd/yyyy):	
Address:	**Zip:**
Home Phone: ☐ Preferred	**Cell Phone:** ☐ Preferred
Email Address:	**Do you regularly check email:** ☐ Yes ☐ No ☐ N/A
How would you like to receive Newsletter/weekly emails: ☐ Email ☐ Paper ☐ Both	

BASIC INFORMATION:	
Gender Identity: ☐ Female ☐ Male ☐ Prefer to Self-Identify _____ ☐ Prefer not to answer	**Do you identify as a member of the LGBTQ community?** ☐ Yes ☐ No ☐ Prefer not to answer **Pronouns (eg., she/he/they)** _____
What is your race/ethnicity (Please select all that apply): ☐ African American/Black ☐ Asian ☐ Hispanic/Latino/a ☐ Euro-American/ White ☐ Native American/Pacific Islander ☐ Other (Please answer): ☐ Prefer not to specify	
Marital Status: ☐ Single ☐ Married/Partnered ☐ Divorced ☐ Widowed ☐ Other ☐ Prefer not to answer	
Home Style: ☐ Apartment/ Condo ☐ Single Family	**Years you have lived on Capitol Hill:** ____

SPECIAL NEEDS/ HEALTH INFORMATION:

Special Needs: ☐ Wheelchair ☐ Mobility Device ☐ Hearing Impaired ☐ Low Vision ☐ Service Animals ☐ Problems with Stairs ☐ Use Companion Support

Home Accessibility Challenges: ☐ Stairs ☐ Bathroom ☐ Other: _____	**Do you Drive:** ☐ Yes ☐ No
Primary Care Doctor:	**Insurance:**
Hospital in Case of Emergency:	
Health Care Directives: ☐ Yes ☐ No **Name:**	**Advanced Power of Attorney:** ☐ Yes ☐ No **Name:**

EMERGENCY CONTACT INFORMATION:

First Name:	**Last Name:**	
Relationship to the Applicant:	**Email Address:**	
Address:	**City/State:**	**Zip:**
Phone Number:	**Do they have a key to the house?** ☐ Yes ☐ No	

TELL US A LITTLE MORE ABOUT YOUR SKILLS AND INTERESTS:

What are your primary interests in joining the Village? (check all that apply)

- ❏ Make new connections/friends
- ❏ Preparing for retirement
- ❏ Attend social, wellness, and educational events
- ❏ Volunteer opportunities
- ❏ Network of volunteer helpers
- ❏ Case management & referral services
- ❏ Interested in supporting CHV financially

Membership Application Household – Member 2

Membership Type: ☐ Regular ☐ Membership Plus ☐ Urgent ☐ Subsidized

CONTACT & DEMOGRAPHIC INFORMATION:	
First Name:	**Last Name:**
Date of Birth (mm/dd/yyyy):	

Address:	Zip:
Address:	**Zip:**

Home Phone: ☐ Preferred	**Cell Phone:** ☐ Preferred
Email Address:	**Do you regularly check email:** ☐ Yes ☐ No ☐ N/A

How would you like to receive Newsletter/weekly emails:

☐ Email ☐ Paper ☐ Both

BASIC INFORMATION:	
Gender Identity: ☐ Female ☐ Male ☐ Prefer to Self-Identify _____ ☐ Prefer not to answer	**Do you identify as a member of the LGBTQ community?** ☐ Yes ☐ No ☐ Prefer not to answer **Pronouns (eg., she/he/they)** _____

What is your race/ethnicity (Please select all that apply):

☐ African American/Black   ☐ Asian   ☐ Hispanic/Latino/a

☐ Euro-American/ White   ☐ Native American/Pacific Islander

☐ Other (Please answer): ☐ Prefer not to specify

Marital Status: ☐ Single   ☐ Married/Partnered   ☐ Divorced   ☐ Widowed
☐ Other   ☐ Prefer not to answer

Home Style: ☐ Apartment/ Condo ☐ Single Family	**Years you have lived on Capitol Hill:** ____

SPECIAL NEEDS/ HEALTH INFORMATION:

Special Needs: ☐ Wheelchair ☐ Mobility Device ☐ Hearing Impaired ☐ Low Vision ☐ Service Animals ☐ Problems with Stairs ☐ Use Companion Support

Home Accessibility Challenges: ☐ Stairs ☐ Bathroom ☐ Other: _____	**Do you Drive:** ☐ Yes ☐ No

Primary Care Doctor:	**Insurance:**

Hospital in Case of Emergency:

Health Care Directives: ☐ Yes ☐ No **Name:**	**Advanced Power of Attorney:** ☐ Yes ☐ No **Name:**

EMERGENCY CONTACT INFORMATION:

First Name:	**Last Name:**	
Relationship to the Applicant:	**Email Address:**	
Address:	**City/State:**	**Zip:**
Phone Number:	**Do they have a key to the house?** ☐ Yes ☐ No	

TELL US A LITTLE MORE ABOUT YOUR SKILLS AND INTERESTS:

What are your primary interests in joining the Village? (check all that apply)

- ❑ Make new connections/friends
- ❑ Preparing for retirement
- ❑ Attend social, wellness, and educational events
- ❑ Volunteer opportunities
- ❑ Network of volunteer helpers
- ❑ Case management & referral services
- ❑ Interested in supporting CHV financially