



CITY OF ISSAQUAH SENIOR CENTER – REGISTRATION FORM

PLEASE PRINT (All information will be kept confidential.)

King County Veteran's & Human Services Grant requests your responses to the following questions.

NAME _____ BIRTHDATE (mm/dd/yyyy) _____
Preferred Name

ADDRESS _____ APT _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Who would you like notified in case of emergency? Someone with a different phone number.

Name _____ Phone _____ Relationship _____

The following information is confidential and needed for funding requirements.

Which of the following best represents your race? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian, Asian-American | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black, African American or Other African | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Race not listed | <input type="checkbox"/> Prefer not to say |

What gender do you identify as?

- Male Female Self describes in another way _____
 Unknown

Do you identify as transgender?

- No Yes
 Prefer not to say Unknown

Which of the following best describes your sexual orientation?

- Straight or Heterosexual Gay or Lesbian Bisexual or Pansexual
 Questioning or unsure Prefer not to say Unknown
 Self describes in another way _____

Have you or do you currently service in the military?

- No Yes Prefer not to say Unknown

Are you related to someone who is serving or has serviced in the military?

- No Yes, I served Yes, I am a spouse partner Yes, I am a surviving partner
 Yes, I am a dependent adult Unknown

Thank You!