

Daughter For The Day, Inc.

10903 Indian Head Hwy, Sute 504

Ft. Washington, Maryland 20744

(301) 203-7050

www.DaughterForTheDay.org



APPLICATION FOR MEMBERSHIP

MUST BE AT LEAST **70** YEARS OLD

Name of Senior Citizen: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____ Zipcode _____

Home Phone: _____ Date of Birth ____/____/____ Age _____

What type of assistance or mode of transportation do you presently use? _____

Are you capable of walking or getting into an automobile by yourself? Yes _____ No _____

Special Needs: *(check all that apply)*

____ Walker ____ Wheelchair ____ Oxygen
____ Cane ____ Hearing Impaired ____ Visually Impaired

Household Income: *(check one)*

____ \$10,000 - \$25,000
____ \$25,500 - \$50,000
____ \$50,500 - higher

Race _____

Who referred us to you? _____

EMERGENCY CONTACT INFORMATION

Please provide contact information for a loved-one in case of an emergency.

Name: _____ Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

INDEMNIFICATION CLAUSE

The Senior agrees to indemnify and hold Daughter For The Day, Inc., and its officers, directors, volunteers, associates, and staff blameless from any and all actions, claims, damages, or liabilities arising from any services provided to the Senior, or arising out of, or in connection with any breach of this agreement by Daughter For The Day, Inc.

Signature: _____ Date: _____