



Community Pass Application

800 Cheshire Road, Delaware, Ohio 43015

740-363-6677 | **MySourcePoint.org**

Date _____

First Name _____ Last Name _____

Street Address _____ City/State/Zip _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Cell Phone Carrier _____

Email Address _____

By providing your email address, you consent to being contacted in connection with your participation and to receive e-newsletters. You may, at any time, opt out of any subscriptions.

Gender Male Female Transgender Other Prefer not to answer

Date of Birth ____ / ____ / ____

Emergency Contact _____
First Name Last Name Relationship

Emergency Contact Phone _____

Renew Active/SilverSneakers/Silver&Fit ID # (if applicable) _____

Are you interested in learning about volunteer opportunities? Yes No

How did you learn about SourcePoint? APS/Emergency Services Attended an Event Direct Mail
 Doctor/Medical Faith Organization/Staff Friend/Family Communicator/SourcePoint Material
 Newspaper Online (Website, Social) Partner/Service Organization Radio
 Do Not Know Other _____

I would like to donate to the enrichment center in support of growing membership and program needs.

\$250 \$100 \$50 \$25 Other

I am interested in learning more about scholarships. Please contact me.

Demographic Information (To be kept confidential; collected for funding and reporting purposes)

Marital Status Divorced Legal Separation Married Other Single (Never Married)
 Unknown/Refuse to Answer Widowed

Including yourself, how many people live in your home? _____

Race/Ethnicity Asian Black, African-American Hispanic/Latino Multi-Racial
 Native American or Alaska Native Native Hawaiian/Pacific Islander White/Caucasian Other

Primary Language _____

Are you living with a disability? Yes No Are you living in poverty? Yes No