



Pilot Study Application

Name: _____ Date of birth: _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: Home/cell _____ Work/other _____

Email: _____

Are you a: Family Caregiver Professional caregiver Artist Other

(check all that apply or explain) _____

Do you have any special skills (education, certification, interests, work experience, hobbies, etc)

Why are you interested in this program? What do you hope to learn?

(use other side if you need more space)

As a non-profit organization, Senior Access is supported in part by philanthropy. All of our funders require demographic information of our staff, clients, students, and volunteers. Your information is kept confidential and is anonymously pooled in reports to our funders.

Age: 18 – 54 55 – 59 60 – 64 65 - 69

Gender: Male Female Transgender

Disabled: Yes No

Ethnicity: Asian American/Pacific Islander African American/Black
 Latino/Hispanic Caucasian/White
 Native American Other:

Other languages spoken: _____

Thank you!