

West Hillhurst Go-Getters Association



Membership Application (September 1, 2023 – December 31, 2024)



Partially funded by
the City of Calgary
Family and
Community

Cost \$35.00 for membership year

Membership #

Family Name: _____ Given Name(S): _____

Address: _____, AB. Postal Code: _____

Telephone # _____ Cell: _____

Email Address: _____

I hereby consent to receive electronic communication from Go-Getters.

Signature: _____

Please e-mail me the monthly newsletter: Yes _____ No _____

Sex: (M-Male) (F-Female) _____ Birth Date: Year: _____ Month: _____ Day: _____

Best contact methods (Please check off any that you have access to:

<input type="checkbox"/>	Telephone land line	<input type="checkbox"/>	iPad or Tablet	<input type="checkbox"/>	Facetime
<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>	E-mail	<input type="checkbox"/>	Skype
<input type="checkbox"/>	Computer	<input type="checkbox"/>	Zoom	<input type="checkbox"/>	

Person to contact in case of emergency:

Contact Name: _____

Contact Phone #: _____

Contact's Address: _____, AB

Relationship: _____

Essential Information in Case of Emergency:

Your Doctor's Name: _____ Doctor's Phone#: _____

Do you have any health or physical limitations? Yes: _____ No: _____

If yes, please specify: _____

Volunteer opportunities: (Check areas of Interest)

<input type="checkbox"/>	Bingo Kitchen/Canteen	<input type="checkbox"/>	Bingo Floor workers	<input type="checkbox"/>	Baking	<input type="checkbox"/>	Annual Casino
<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Monthly Luncheon	<input type="checkbox"/>	Phone Committee	<input type="checkbox"/>	Decorating
<input type="checkbox"/>	Board of Directors	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Office	<input type="checkbox"/>	Gardening

SIGNATURE: _____

DATE: _____

The West Hillhurst Go-Getters ("WHGG") reserves the right to use any photography/video taken at any event sponsored by the WHGG without the expressed written permission of those included within the photograph/video. The WHGG may use the photograph/video in publications or other media material produced, used or contracted by the WHGG including but not limited to brochures, invitations, newsletters, websites, etc.

The West Hillhurst Go-Getters ("WHGG") is not liable for any injuries that may happen on or offsite (travel on our bus) while attending any Go-Getter activities, trips or classes. The above information will be held in the strictest confidence & will be used for WHGG's use only.

Mailing address: West Hillhurst Go-Getters, 1940 6 Ave N.W., Calgary, AB T2N 0W3 PH# (403) 283-3720 FX# (403) 283-3744



City of Calgary Family & Community Support Services Survey New Client Intake

Today's registration date: _____ MM/DD/YYYY

Age: _____

Grade in school (if applicable) _____

Gender: ___ Male ___ Female ___ Transgender ___ Prefer not to disclose ___ Or specify

What neighborhood do you live in? _____

First 3 digits of your Postal Code: _____

Language spoken most often at home (choose only 1)

English	Punjabi	Urdu	Mandrin	Chinese
Farsi	Arabic	Hindi	Pashto	Nuer
Spanish	Tagalong	Kurdish	Polish	Dinka
Vietnamese	Somali	Korean	French	

Population Group (formerly Ethnos cultural Background) (choose only 1)

Caucasian	Chinese	South Asian	African/Caribbean
Filipino	Latin American	Southeast Asian	Arab
West Asian	Japanese	Other group	

Aboriginal identity (choose only 1)

First Nations ___ Métis ___ Inuit ___
 Non-status) ___ Bill C-31 status ___ Not applicable ___

Born in Canada? No ___ Yes ___

If not born in Canada, country of birth _____

If not born in Canada, number of years in Canada _____

Marital Status:

Married	Living Common Law	Widowed
Separated	Divorced	Single never married



Primary Source Income

<input type="checkbox"/> No Income	<input type="checkbox"/> Canada Child Benefit	<input type="checkbox"/> War Veterans Allowance
<input type="checkbox"/> Employment	<input type="checkbox"/> Canada Pension Plan	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> AISH	<input type="checkbox"/> Old Age Security	<input type="checkbox"/> GST
<input type="checkbox"/> Alberta Income support	<input type="checkbox"/> Alberta Seniors benefits	<input type="checkbox"/> Employment insurance
<input type="checkbox"/> Alberta Family employment tax credit	<input type="checkbox"/> Guaranteed income supplement	<input type="checkbox"/> Alternative income
<input type="checkbox"/> Alberta child benefit	<input type="checkbox"/> Personal private pension/Savings/trust fund/inheritance	<input type="checkbox"/> Alternative income sources/parents

Current Housing Situation

<input type="checkbox"/> Stable Housing	<input type="checkbox"/> Shelter	<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> No Shelter, Sleeping rough	<input type="checkbox"/> Couch Surfing	<input type="checkbox"/> Other

Highest Grade Completed _____

Highest level of education completed after High school.

<input type="checkbox"/> Apprenticeship/trades certification	<input type="checkbox"/> Non-University degree/diploma	<input type="checkbox"/> Bachelor's degree or above
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Do you have any long term (over 6 months) difficulties with hearing, seeing, walking, climbing stairs, or doing any similar activities?

<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> Yes, often	<input type="checkbox"/> No
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Cognitive difficulties such as learning, remembering or concentrating, or doing any similar activities?

<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> Yes, often	<input type="checkbox"/> No
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Emotional, psychological, or mental health conditions (e.g., Anxiety, depression, bipolar disorder, substance abuse?)

<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> Yes, often	<input type="checkbox"/> No
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Total number of adults (18 or older) in household _____

Number of people under age 18 in household _____

Total of people in the household? _____



SOCIAL NETWORKS – SENIORS

These questions ask about social engagement, including family and friends. Please select your answer for each statement that is closest to your opinion.

Questions	None	One or two	Three or four	Five to Eight	Nine or More
How many relatives do you see or hear from at least once a month?					
How many relatives do you feel at ease with that you can talk to about private matters?					
How many relatives do you feel close to such that you could call on them for help?					
How many of your friends do you see or hear from at least once a month?					
How many friends do you feel at ease with that you can talk to about private matters?					
How many friends do you feel close to such that you could call on them for help?					