Sent to _____**MBR APP**_____

Date Sent: _____ Time Sent: _____

Sent by: _____ Transmitted OK _____

Membership Application

Staying Connected policy requires all Volunteers and Members to be vaccinated

Today's Date: _____ Volunteer completing application _____

Names of all persons living in the residence:

Name 1._____ Name 2._____

Street Address _____ Neighborhood _____

Primary Phone _____ Secondary Phone _____

How long has applicant lived in Sun City? _____ How did applicant hear about Staying Connected?

☐ Neighbor / Friend	☐ Volunteer / Member	☐ Our Resource Hub	☐ Brochure
☐ Neighborhood Meeting	☐ Club / Group Meeting	☐ Neighborhood Newsletter	☐ Website
☐ Neighborhood Ambassador	☐ SunSations	☐ Other	

What Services interested in: _____

Do you have any immediate needs? _____

Is there any upcoming time frame or any days of the week when all the applicants will **NOT** be available

to participate in a member interview with our volunteers? _____

_____

The membership process takes approximately two weeks, but may take longer. We cannot handle urgent requests.

Drop off at the Resource Hub or email to **hublead@stayingconnectedschh.org**

The following is to be completed for referrals only:

Does the person being referred knows that they are being referred? Yes___ No ___

If the person **DOES NOT KNOW** that they are being referred, we cannot accept the application at this time. Tell the person to submit the application again when they have had a chance to speak to the person being referred. If the person **DOES KNOW** that they are being referred, complete the following information about the referee. Examples of relationship would be son, daughter-in-law, niece, friend, neighbor, etc.

Name: _____Relationship _____

Contact number: _____ Other information _____

Person making the referral will be called first by the interview volunteer in order to gather information about the prospective member(s).