



Ogden House Seniors Citizens Club

2015 Membership FORM RENEWAL OR NEW MEMBER

This form must be completed and returned with the
applicable membership fee

Date: _____

Membership Number: _____

Receipt Number: _____

Do you wish to buy a name tag (PIN/MAGNET \$11.00 EACH)

PINS MUST BE PAID IN ADVANCE OF ORDERING

Name: _____ Phone Number: _____

Address: _____

City: _____ Postal Code: _____

Email Address: _____

Date of Birth: ____Month ____Day ____Year

Emergency Contact:

Name: _____ Phone Number: _____

**The information collected on this form will be shared with the
Government Agencies that fund Ogden House Seniors. PLEASE FILL
OUT ENTIRE FORM. FILLING OUT THESE FORMS ENSURE OUR
FUNDING!!!**

Do you give us permission to publish your name and/or pictures of you taken
at the club functions for our newsletter or website? Yes / No

Volunteer Opportunities at Ogden House

Ogden House keeps the doors open by holding various fundraisers throughout the year.

We would really appreciate your support (1/2 hour and up)

Please circle your choice of volunteer activities below.

Thank You!

Fundraisers

- Annual : Casino
- Semi Annual: Raffles
- Tri Annual: Bake Table Attendee's
Craft Table Attendee's

TGIF Monthly Birthday Dinners

- Set Up Crew
- Clean Up Crew
- 50/50 Ticket sellers
- Twoonie Ticket Sellers
- Servers for Dinner
- MC's

- Crews:** Front Desk
- Board Member
- Committee Members

Special Interests: (Please List Below)

INTAKE/REGISTRATION DEMOGRAPHIC QUESTIONS

Today's Date (For Program use only):

Program:

Enter Client ID

First 2 letters of first name:

First 2 letters of last name:

Date of Birth (MM/DD/YYYY):

Age:

INTAKE/REGISTRATION DEMOGRAPHIC QUESTIONS

Survey 001

Mandatory demographics to be collected by all funded programs at intake

Registration Date (MM/DD/YYYY):

Age:

Gender: Male⁽¹⁾ Female⁽²⁾

Grade in school (if applicable)

Aboriginal identity

Non-Aboriginal ⁽⁷⁷⁾ First Nations⁽¹⁾ Metis⁽²⁾ Inuit⁽³⁾ Non-status⁽⁴⁾ Bill C-31 status⁽⁵⁾

Population Group (choose only 1)

Caucasian

Latin American

Aboriginal

South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)

African/Caribbean

Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)

Arab

West Asian (e.g., Iranian, Afghan, etc.)

Chinese

Other Group (See next field to complete)

Filipino

Not Applicable

Japanese

No Answer

Korean

Don't know

Other Population Group:

Language spoken *most often* at home (choose only 1)

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Nuer | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chinese (unspecified) | <input type="checkbox"/> Pashto | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Dinka | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Hindi | | |

Born in Canada? Yes No

If not born in Canada: Country of Birth:

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

What neighbourhood do you live in?

What are the first 3 digits of your Postal Code:

Do you have any *difficulty* hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

- Yes, sometimes
- Yes, often
- No

Does a physical condition or mental condition or health problem *reduce the amount or the kind of activity* you can do?

- Yes, sometimes
- Yes, often
- No

How did you find out about this program:

- 211
- Advertisement

- City of Calgary website
- Referred by another program
- Don't know
- School
- Other
- Word of mouth

Additional questions for adults and emancipated minors

Marital Status:

- Married
- Living common-law
- Widowed
- Separated
- Divorced
- Single, never married
- Don't know

Number of adults (18 or older) in household:

Number of children under age 18 in household:

Ages of children in household:

Child 1: <input style="width: 50px; height: 20px;" type="text"/>	Child 3: <input style="width: 50px; height: 20px;" type="text"/>	Child 5: <input style="width: 50px; height: 20px;" type="text"/>	Child 7: <input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Child 2:	Child 4:	Child 6:	Child 8:

Domain 1 – Social Capital/Positive Social Ties Outcomes

(Surveys 4 and 5)

Positive Social Ties and/or Bonding Social Capital

Survey 004

How often is each of the following kinds of support available to you if you need it:

	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎
1. Someone to have a good time with? <small>(pst1)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎
2. Someone who shows you love and affection? <small>(pst2)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎
3. Someone to turn to for suggestions about how to deal with a personal problem? <small>(pst3)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎
4. Someone to take you to the doctor if you needed it? <small>(pst4)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎
5. Someone to prepare your meals if you were unable to do it yourself? <small>(pst5)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎
6. Someone to help with daily chores if you were sick?	Never ₍₁₎	A little of	Some of	Most of	Always ₍₅₎

(pst6)		the time ₍₂₎	the time ₍₃₎	the time ₍₄₎		
7. Someone to look after your child(ren) for several hours if needed? (If applicable) (pst7)	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	Not applicable ₍₇₇₎
8. Someone to look after your spouse for several hours if needed? (If applicable) (pst8)	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	Not applicable ₍₇₇₎
9. Someone to look after your parent(s) for several hours if needed? (If applicable) (pst9)	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	Not applicable ₍₇₇₎

Social Inclusion – Social Participation				Survey 006		
1. Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations, or social, civic or fraternal clubs? (sip1)		<u>Ogden</u> <u>House</u> <u>Seniors</u>	<input type="checkbox"/> Yes ₍₂₎			
2. <i>If you answered yes to Question 1:</i> How often did you participate in meetings or activities of these groups in the past 12 months? (sip2)	Not at all ₍₁₎	At least once a week ₍₂₎	At least once a month ₍₄₎	At least once a year ₍₃₎	At least 3 or 4 times a year ₍₅₎	
3. In the past 12 months, did you do unpaid volunteer work for any organization, whether or not you were a member of this organization? (sip3)		<input type="checkbox"/> No ₍₁₎	<input type="checkbox"/> Yes ₍₂₎			
4. <i>If you answered yes to Question 3:</i> On average, about how many hours per month did you volunteer? (sip4)	I did not do any volunteer work ₍₁₎	Less than 1 hour a month ₍₂₎	1 to 4 hours a month ₍₃₎	5 to 15 hours a month ₍₄₎	Over 15 hours a month ₍₅₎	
5. <i>If you answered yes to Question 3:</i> Have you made any new friends through volunteering? (sip5)		<input type="checkbox"/> No ₍₁₎	<input type="checkbox"/> Yes ₍₂₎			
6. <i>If you answered yes to Question 3:</i> Did you do this volunteer work in your own neighbourhood? (sip6)		<input type="checkbox"/> No ₍₁₎	<input type="checkbox"/> Yes, some of it ₍₂₎	<input type="checkbox"/> Yes, all of it ₍₃₎		