

Your Registration Form for Fall 2021
Seniors' Centre Without Walls (SCWW) Saskatchewan

Date: _____, 2021

First Name _____ Last Name _____

Your Mailing Address _____

Postal Code: _____

Phone # that you will use for the classes: _____

Alternate phone number if you want to add
one: _____

If you have one - Your Email Address _____

1. Do you give permission to share your contact information with our partner organizations for things such as mailing out handouts, art supplies, and other activities? **Please circle - Yes or No**

2. Age Range (please circle) 55 to 64 65 to 74 75 and over

3. We would like to have your **Emergency Contact** on file in case we should ever need it: Name: _____

Phone # _____ Email: _____

Relationship to you: _____

4. Do you have needs that might affect your participation?

Hearing Vision (need large print) (Braille)

Please let us know any Set meal time of coffee breaks if you live where there are designated times: _____.

Other needs: _____.

5. What topics interest you? Please check off all that you like:

- | | |
|---|------------------------------|
| Sports | News |
| Travel | Technology |
| Health & Wellness | Languages |
| Help Groups such as Grief, etc. | History (Cont. next page) |
| Legal/Accounting/Finances | Book Club |
| Trivia/Brain Games | Fact or Fiction Game |
| You Be The Judge Game | Automobiles |
| Animals | Plants/Gardening |
| Arts: Music, Art, What type of art: _____ | |
| Card Bingo | Conversations / Coffee chats |
| Historic events | Story telling |
| Creative Writing | Memoir Writing |
| Guest Speakers with Random topics | |

Other _____

LIST YOUR TOP FOUR FAVOURITE TOPICS OFF THE Above List:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

LIST YOUR FOUR Most Disliked topics off the above list:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

What would be your topic suggestions and the names of any quest speakers?

GRANT INFORMATION:

Answering these questions will help us to know if our program is assisting with the feelings of loneliness and isolation and help us measure our grant outcomes:

PLEASE CIRCLE:

6. How often did you feel lonely this Month?

Not at all - Sometimes - A lot of the time - All the time

7. How often did you feel isolated this Month?

Not at all - Sometimes - A lot of the time -All the time

8. How many months have you been coming to classes with SCWW? _____

What month did you join? _____(approximately)

With the ongoing pandemic there are some of us that are still very isolated and/or lonely.

9. **Compared to** your feelings of loneliness and isolation **on the day you joined** Seniors

Without Walls, **How do you feel this fall:**

Please Underline one phrase: I feel less lonely than when I joined SCWW, I feel more lonely than when I joined, I feel the same as when I joined.

Please underline one phrase: I feel less isolated than when I joined SCWW, I feel more isolated than when I joined SCWW, I feel the same as when I joined SCWW.

FEEDBACK IS HOW WE GROW AND IMPROVE:

10. What works well in the SCWW program? What do you like about the program?

11. What would you suggest to improve the program?

Would you like to give a quote about the program, that we can use in our grant applications and in our advertising?

Please return the registration form in the stamped envelope.

Or by email.

Thank you!

**Seniors Without Walls
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**Hours open are:
one hour before and one hour after our class times.**