

Gilda's Club Metro Detroit
MEMBER INFORMATION FORM

All personal information will be kept confidential. Since we are a non-profit organization that does not charge for our services, we rely solely on donations and grants to underwrite our programs and we need the following information to help us secure funding. The information provided to funders will be only in terms of combined demographic data of all Members with no identifying information. Your answers to these questions will, in no way, affect your ability to access all programs at Gilda's Club at no charge. **PLEASE PRINT CLEARLY. THANK YOU!**

Name: _____ Date: _____

Location of services (please circle one)

Royal Oak Clubhouse, Lake House, Durfee, Beaumont Dearborn, Beaumont Farmington Hills

Address: _____ City: _____ State: _____ Zip: _____

Phone: (HM)() _____ (Cell)() _____ (E-Mail) _____

Emergency Contact: _____ Relationship: _____

Phone: (HM)() _____ (CELL)() _____

How did you hear about Gilda's Club Metro Detroit? <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker				
<input type="checkbox"/> Friend/Family Staff/volunteer	<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Gilda's Club
<input type="checkbox"/> Other _____				

If you were referred by a health care professional, please complete the following:		
Name of person who referred you _____	Hospital/Office: _____	City/ST: _____

<i>PLEASE COMPLETE THE FOLLOWING ABOUT YOURSELF:</i>	
I am registering as a: (check one) <input type="checkbox"/> Person with Cancer <input type="checkbox"/> Support Person <input type="checkbox"/> Healthcare professional <input type="checkbox"/> Volunteer	
<input type="checkbox"/> Other _____	
Date of Birth: _____	
If you are a support person, what is the name of the person with cancer that you are here to support? _____	
<i>PLEASE COMPLETE THE FOLLOWING FOR YOURSELF OR FOR THE PERSON YOU ARE HERE TO SUPPORT:</i>	
Cancer Diagnosis: _____	Date Diagnosed: _____
Oncologist's Name: _____	Hospital: _____ City/ST: _____
<i>The following questions are optional and are used to help us better understand whom we are serving, and any groups that may be underserved.</i>	
Sex: Female Male	
Marital status: Singled Coupled Domestic Partnership Married Divorced Widowed	
Race/Ethnicity: <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black/African American (Not Hispanic) <input type="checkbox"/> White- Hispanic <input type="checkbox"/> Black – Hispanic	
<input type="checkbox"/> American Indian/Alaska Native/ First Nations <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____	
Insurance: <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicare + private <input type="checkbox"/> Medicaid/MediCal <input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured	
Employment Status: <input type="checkbox"/> Employed full-time or part-time <input type="checkbox"/> On medical leave <input type="checkbox"/> Disabled <input type="checkbox"/> Not employed <input type="checkbox"/> Retired	
Annual Household Income: <input type="checkbox"/> under \$25,000 <input type="checkbox"/> \$25,000-49,999 <input type="checkbox"/> \$50,000-74,999 <input type="checkbox"/> \$75,000-99,999 <input type="checkbox"/> over \$100,000	
Please Turn this form over to review & sign your Membership Agreement in order to begin/continue your Gilda's Club Membership.	

MEMBER AGREEMENT (COPY OF WHICH WILL BE PROVIDED IN YOUR WELCOME FOLDER)

ON PRIVACY:

I have been advised that Gilda's Club Metro Detroit will make every attempt to respect my privacy and boundaries. I understand that since Gilda's Club Metro Detroit is a community of many people, my confidentiality cannot be guaranteed. I also understand that my confidentiality will be broken and the proper authorized person(s) notified if I disclose that I wish to harm myself or someone else; or if I disclose that there is a child in a potentially harmful environment or situation or possible elderly abuse taking place.

MEMBER PARTICIPATION IN WORKSHOPS & GROUPS:

I understand and agree that:

1. Participation in recreational and physical training activities at Gilda's Club Metro Detroit is entirely voluntary, and is not a required condition of my membership, notwithstanding that such activity may utilize the premises or facilities owned by, occupied by, or under the control of Gilda's Club Metro Detroit:
2. Gilda's Worldwide and its affiliates, including Gilda's Club Metro Detroit (collectively referred to as "Gilda's Clubs"), make no representation as to suitability of any recreational and/or physical activity relative to my physical condition and abilities, or the suitability or adequacy of any premises, facilities, equipment, or instruction used in connection with such activities;
3. I have been advised to consult my physician, or other healthcare professional, before participating in any physical activities and to follow my physician's, or other healthcare professional's advice with respect to such activities;
4. Any recreational or physical training activity involves some risk of injury, whether apparent or not, and by participating in any such activity I assume all risks, known or unknown, whether foreseeable or not:
5. In consideration of Gilda's Club Metro Detroit's assent to the use of its premises and/or facilities for non-employment related recreational and physical training activities, I release Gilda's Club Metro Detroit of any and all liability for any injury or damages resulting from or incurred in connection with my participation in any recreational and/or physical training program except to the extent that such injury or damages are caused by gross negligence on the part of Gilda's Club Metro Detroit, and I agree to indemnify and hold Gilda's Club Metro Detroit harmless with respect to any claim rising from any intentional or negligent conduct on my part.
6. Please arrive on time for your scheduled group/workshop.
7. The Living with Cancer Groups are for those currently in active treatment or within one year. Once you are beyond one year post treatment, you will transition into a Life After Treatment Group, if you would like to continue attending a weekly support group.
8. Keep on focus: Using the group for the purpose for which it is designed makes good use of everyone's time, especially your own. Conversation needs to be relevant to a cancer diagnosis, cancer treatment, treatment side effects, and/or survivorship.

Gilda's Club does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all of our members, volunteers, contractors and staff.

Signature: _____

Date: _____

Printed Name: _____

Welcome to Gilda's Club Metro Detroit!