

Opening Doors, Changing Lives

Got Wheels! Membership Application (Limit 1 member per couple)

PLEASE PRINT - ANSWER ALL QUESTIONS Today's Date _____

First Name _____ Last Name _____

Street Address _____ Apt./Unit No. _____

City/Zip Code _____ Email: _____

Cell Phone: _____ Other Phone: _____

Birthdate: (Must be at least 70 years old) _____ Need accessible ride? Y / N

Peninsula Family Service receives government funding for this program. Your optional response will help us in our reports. Please check all that apply to you:

- | | | | |
|--|--|---|-------------------------------|
| Native Am/Alaska Native <input type="checkbox"/> | Middle Eastern <input type="checkbox"/> | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
| Asian <input type="checkbox"/> | Pacific Islander <input type="checkbox"/> | Lesbian <input type="checkbox"/> | Gay <input type="checkbox"/> |
| Black/African Am <input type="checkbox"/> | White/Caucasian <input type="checkbox"/> | Bisexual <input type="checkbox"/> | |
| Filipino <input type="checkbox"/> | With disability <input type="checkbox"/> | Transgender <input type="checkbox"/> | |
| Hispanic/Latino <input type="checkbox"/> | Military/ veteran <input type="checkbox"/> | Decline to state <input type="checkbox"/> | |

Please send the completed form by:

Mail:
Got Wheels Coordinator
Peninsula Family Service
24 Second Avenue
San Mateo, CA 94401

Fax:
650-403-4303 Ext. 4329
ATTN: Got Wheels Coordinator

Email:
Cqmoreno@peninsulafamilyservice.org

