

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
ATTN: Got Wheels Coordinator

Email:
Cqmoreno@peninsulafamilyservice.org

For more information call CHERIE:
650-403-4300 Ext. 4329

