

# **Onsite Programs at DOROT**

## Participant Information Form

Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender \_\_\_\_\_ Pronoun \_\_\_\_\_ Ethnicity \_\_\_\_\_

Religion \_\_\_\_\_ How did you hear about DOROT? \_\_\_\_\_

### **Contact Information**

Mailing  
Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Emergency Contact**

Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

*This information will remain confidential and is for internal use at DOROT.  
If you have a questions please contact Onsite Programs at 917-441-3743.*

**Goals and Objectives Survey – Check all that apply**

Would you say, “I signed up for Onsite Programs at DOROT to...”

	<b>Absolutely</b>	<b>Mostly</b>	<b>Somewhat</b>	<b>Not at all</b>
Feel Motivated to exercise				
Gain Mobility				
Have a sense of community				
Increase my flexibility				
Increase my overall wellness				
Improve my energy				
Improve my physical strength				
Improve my posture				
Have more resources to assist me with my concerns				
Learn about topics that interest me				
Make a friend				
Reduce stress				
Share my knowledge and experiences				
Socialize with peers				

**Suggestions for future Onsite Programs at DOROT:**

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