



PARTICIPATION FORM

David VanLuven
Town Supervisor

William A. Vail
LCSW-R
Director

TOWN OF BETHLEHEM
Albany County - New York
SENIOR CITIZENS SERVICES
445 DELAWARE AVENUE - DELMAR, NEW YORK 12054
(518) 439-4955 ext. 1176
BSS@bethlehemny.gov



Basic Client Information

All fields are required; please write legibly.

Date of Birth: ____/____/____

First Name: _____ Nickname: _____

M.I. _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

P.O. Box: _____ City: _____ State: _____ Zip/ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Medical and Other Information

- Are there any medical conditions or physical limitations we should be aware of to ensure your full and safe participation in our programs?

- Preferred Language (if other than English): _____

