



**Simcoe Muskoka Cyber Seniors  
Participant Entry Form**

<b>First Name:</b>	<b>Last Name:</b>	
		Initial
<b>Mailing Address:</b>		
		Apt #
Town/City	Province	
<b>Phone:</b>	<b>Email:</b>	
<b>Date of Birth:</b> <i>(Required for web access for Cyber Seniors Site)</i>		
<b>Languages Spoken:</b> ENG <input type="checkbox"/> FR <input type="checkbox"/>	<b>Other:</b>	
<b>SECTION 2: Technology Experience</b>		
<b>What experience do you have?</b> (highlight or check what describes you best)		
<b>No experience</b>	Do not own any devices, never have, but interested in learning	
<b>Limited experience</b>	Own a device, but don't know how to use it	
<b>Some experience</b>	Own a device or two, but not very savvy	
<b>Pretty good skill, but still have learning needs</b>	Own a device or two, but have specific learning needs	
<b>Learning Needs?</b>		
<b>Please describe what you are interested in learning. Indicate "basic" if you are really not sure.</b>		

<b>Do you have the ability to get around independently?</b> (Access to a car or public transit)	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Do you have a location preference to meet your mentor?</b> If yes, please indicate where:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Do you have internet access at home?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>WiFi?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>If no, can this be arranged?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>If you have 1 or more devices please list them here.</b>	
<b>Do you have any health concerns that we should be aware of?</b> (e.g. allergies, epilepsy, vision or hearing impairment)	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>If yes please explain:</b>	
<b>Availability</b>	
<b>How much time would you like to learn with Cyber Seniors?</b> (e.g. hours per week or month):	
<b>Days/Times of the week that you would be available?</b>	
<b>SECTION 3: POLICE RECORDS CHECK</b>	
<b>If you are asked to provide a Police Records Check would you be willing to do so?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>SECTION 4: CONFIDENTIALITY</b>	
The information provided through this form is confidential and will be used only for the administration and coordination of your learning experience with Cyber Seniors. Providing your signature will indicate your approval to share form with your assigned mentor for learning and communication purposes	
Signature	Date



*Thank you for your interest in the Simcoe Muskoka Cyber Seniors program. We will contact you in the near future and look forward to meeting you. If you know of a friend or relative who may be interested in learning or volunteering with us please let them know about our programs!*

**Return completed form to:**

Sarah Orr-Shaw RN, BScN  
Simcoe Muskoka Cyber Seniors Project Coordinator  
[sarah.orr-shaw@smdhu.org](mailto:sarah.orr-shaw@smdhu.org)

or by mail at:  
15 Sperling Drive, Barrie  
ON, L4M 6K9

**SECTION 5: OFFICE USE ONLY**

Recommendations for Mentor

Admission Date:

Active Date (first service):

Additional Notes: