



Simcoe Muskoka Cyber Seniors

Participant Entry Form

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

Do you have internet access at home?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WiFi?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, can this be arranged?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any health concerns that we should be aware of? (e.g. allergies, epilepsy, vision or hearing impairment)	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please explain:	
Availability	
How much time would you like to learn with Cyber Seniors? (e.g. hours per week or month):	
Days/Times of the week that you would be available?	
SECTION 3: POLICE RECORDS CHECK	
If you are asked to provide a Police Records Check would you be willing to do so?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
SECTION 4: CONFIDENTIALITY	
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
<i>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!</i>	
Return completed form to:	
<i>Diane Enns</i> diane.enns@superiorhomehealthcare.ca	Or by mail to: 56 Churchill Drive, Units 1-3 Barrie, ON L4N 8Z5 Canada

SECTION 5: OFFICE USE ONLY

Recommendations for Mentor

Admission Date:

Additional Notes: