

Dennis Township Senior Center's

"Rosie's Reaching Out Program"
Application

Member # _____

Please Print All Information

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

HOME PHONE NUMBER: _____

MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

AS YOU ALREADY KNOW LIVING ALONE CAN BE TOUGH FOR MANY OF OUR SENIORS ESPECIALLY THE ONES THAT DON'T HAVE FAMILY LIVING NEARBY OR CAN'T GET OUT DUE TO LIMITED DRIVING ABILITIES, ILLNESS OR PHYSICAL DISABILITIES, THAT IS WHY WE ARE OFFERING THIS FREE SERVICE AS A COURTESY TO ALL OUR SENIORS

INTERESTED??

PLEASE FILL OUT THIS APPLICATION AND RETURN TO:

ROSIE'S REACHING OUT PROGRAM
C/O DENNIS TOWNSHIP SENIOR CENTER
571 PETERSBURG ROAD
PO BOX 204
DENNISVILLE, NEW JERSEY 08214-0204