

MEMBERSHIP APPLICATION



Project Garrison NW Baltimore Technology Center (NWBTC)
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Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks (*).

FILL OUT INFORMATION TO RECEIVE A MEMBERSHIP CARD

Member Information (Please Print)

First Name*: Middle Name: Last Name*:
 Nick Name: Birth Date*: / / Age: _____ Social Security Number*: (last four digits required) - -

Address: (Check box if same as Head of Household) Address Type: Home Work _____
 Gender*: Male Female
 (Line 1) (Line 2)
 (City) (State) (Zip)
 Ethnicity*: _____ African American _____ Hispanic American _____ Other _____ Unknown

Phone Number: (Check box if same as Head of Household) Phone Type: _____
 () - ext. Home Work
 E-Mail Address: _____ E-Mail Type: _____

Membership Type*:

- After School Program
- Apollo – Oswego Mall
- Computer Fundamentals – Oswego Mall
- Full Scholarship
- Full-Time
- General Usage
- MOS Training
- Partial Scholarship
- Pre-GED (Instructor)
- Pre-GED (Self Pace)
- Summer Camp

Pick Up Authorization Password:

School*: Grade*:

Currently Enrolled: Yes No If No, give year completed: _____

Juvenile Issues: Probation Expiration Date(s): _____ Pending Court Date(s): _____

Household Type*:

- 2-Parent Head of Household
- Single Parent/Head of Household
- Extended-Family
- Care Giver
- 2-Foster Parents
- Single Foster Parent
- Group Home
- Other _____

Referring Organization/Person*:

Name: _____ Contact: _____
 Address: _____ Phone: _____
 City/State: _____ Fax: _____
 Zip Code: _____ Email: _____

Check all that Apply:

Assistance Programs:

- | | |
|--|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> SSI | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Veterans Compensation | <input type="checkbox"/> Veterans Compensation |
| <input type="checkbox"/> Day Care Voucher | <input type="checkbox"/> Day Care Voucher |
| <input type="checkbox"/> School Lunch | <input type="checkbox"/> School Lunch |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicare |

Medical Information

Insurance Company:

List Medications:

List Medical Problems / Allergies:

Insurance Policy Number:

Physician:

Physician Phone:

Disabilities:

 Other:

Hospital:

Hospital Phone:

Emergency and Pick Up Information (Two people authorized to pick up)

1.) First Name*:

Last Name*:

2.) First Name*:

Last Name*:

- Acquaintance
- Child
- Guardian
- Parent
- Relative
- Spouse

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

- Acquaintance
- Child
- Guardian
- Parent
- Relative
- Spouse

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

Phone*: _____

Phone*: _____

Address*: _____

Head of Household Information (Parent / Guardian) Please Print

First Name*: **Last Name*:** **Gender*:** Male Female **Age:** _____

Family Income*:

_____	\$ 0 - \$5,000
_____	\$5,001 - \$15,000
_____	\$15,001-\$ 25,000
_____	\$25,001-\$ 50,000
_____	\$50,001-\$ 75,000
_____	\$75,001-\$100,000
_____	Over \$100,000

Address*:
 (Line1)
 (Line2)
 (City) (State) (Zip)

Address Type*:
 Home
 Work _____

Phone Number(s)*:
 () - ext.
 () - ext.

Phone Type*:
 Home Work _____
 Home Work _____

Residential Family Size: **E-Mail Address*:**

E-Mail Type:
 Home Work _____

Employer*: **Job Title*:** **Occupation: Annual*:** **Salary*:** \$

Other Parent / Guardian – Please Print

First Name*: **Last Name*:** **Gender*:** Male Female

Address*: (Check box if same as Head of Household)
 (Line 1)
 (Line 2)
 (City) (State)

Address Type*:
 Home
 Work _____
 (Zip*)

Phone Number(s)*: (Check box if same as Head of Household)
 () - ext. _____
 () - ext. _____
 E-Mail Address: _____

Phone Type*:
 Home Work _____
 Home Work _____
 E-Mail Type: _____

Employer*: **Job Title*:** **Occupation:** **Annual Salary*:** \$

Agreements:

Signature Required (Please select the appropriate agreement listed below:)

A. Consent of Member

I have read and understood Project Garrison's Northwest Baltimore Technology Center (NWBTC) rules. I have read and understood that Project Garrison shall be held harmless and indemnifiable against any acts arising out of the Lab usage.

_____ **Member Signature** _____ **Date**

B. Member's Agreement for Internet Lab Acceptable Usage and Rules

I have read and understand Project Garrison, Inc. Northwest Baltimore Technology Center (NWBTC) Internet Lab Acceptable Usage and Rules policy. I will use the computer system and Internet in a responsible way and comply with these rules all all times.

I agree that Project Garrison, Inc. is not liable for any damages arising from use of the Internet facilities.

I understand that Project Garrison, Inc. cannot be held responsible for the nature or content of materials accessed through the Internet.

_____ **Member Signature** _____ **Date**

C. Parent/Guardian's Consent for Internet Access

I have read and understood Project Garrison, Inc. NWBTC rules for responsible Internet use and give permission for my son / daughter to access the Internet. I understand that the Project Garrison, Inc. NWBTC will take all reasonable precautions to ensure my child cannot access inappropriate materials. I understand that Project Garrison, Inc. cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that Project Garrison, Inc. is not liable for any damages arising from use of the Internet facilities.

_____ **Parent Signature** _____ **Date**

_____ **Parent Signature** _____ **Date**

D. Child's Agreement for NWBTC Rules

I have read and understood Project Garrison, Inc. Northwest Baltimore Technology Center (NWBTC) Rules for Responsible Internet Use. I will use the computer system and Internet in a responsible way and obey these rules at all times.

_____ **Child Signature** _____ **Date**

