

Project Garrison - Weed & Seed
Community Technology Center
Membership Application

Date: _____

_____, _____, _____
First Name (Print) Last Name (Print) Middle

Address: _____

City, State & Zip Code: _____

Phone Numbers: _____

E-mail Address: (Optional) _____

Gender: Male _____ Female _____

Age: _____ Date of Birth: _____

Occupation: _____

House of Worship: _____

Grade K-12 Information

Parents / Guardian's Name: _____

School Attending: *Required* _____ Grade: _____

Home Room Teacher: *Required* _____

Emergency Contact information: (Required)

Name of contact: _____ Relationship: _____

Address of contact: _____

Phone number: _____ Pager: _____

(Administrative Use Only :)

Parental Consent Form Received: _____ Membership Type: K-8th _____ 9th-12th _____ Adult _____

Internet Verification Policy R'cvd _____

CTC Usage: General Use _____ Pre-GED _____ Training Workshops _____

User Account Name

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Permanent Password

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Technology Center Survey

Where do you use computers? At Home At Work Do not use at all.

How would you rate your computer skills?

Beginner Intermediate User Advance User

How did you learn about the center?

Friend Advertisement Technology Fair Gov't Rehab Program
BCCC GED Program

Is this your first time visiting the center? Yes No (If No, please indicate the other occasions.)

What would be your purpose for becoming a member? (Check all that applies)

Computer Classes Utilize center resources, (PC's, Printer, Internet access, etc.)
 Attend seminars Word-processing Internet Access

Would you be interested in participating in computer training classes? Yes No
(If yes, please indicate your interest.)

Computer Fundamentals (Including Operating System)

Microsoft Applications:

Word Excel Access Power Point Publisher
 Internet Explorer

Other Applications:

HTML Adobe Photoshop Adobe Illustrator

List other applications you would like to receive training: