



# Marjorie Book Continuing Education Society Member Application

**Continuing Education Society**

- This form should be updated every two years.
- Please print clearly and fill out completely.

**General Information**

Today's Date: \_\_\_\_\_

Please read carefully, print clearly and fill out completely:

Name: \_\_\_\_\_  
Last
First
Middle Initial

Address: \_\_\_\_\_  
Number
Street

\_\_\_\_\_

City
State
Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Education**

If student, name of school attending

\_\_\_\_\_

Highest education completed:

High School (grade completed)	College (years completed and course of study)	Other Post-Secondary Education

**Past Work and Volunteer Experiences**

Are you Employed? \_\_\_\_\_  
Yes/No
Where?
Phone

Previous Volunteer Experience (List Volunteer Site and Approximate Dates):

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Have you worked with persons with disabilities in the past? Please explain.

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**References**

Please list **four** references that we may contact (adults who are not relatives). IT IS IMPORTANT THAT YOU COMPLETELY FILL OUT THIS SECTION OF THE APPLICATION. We cannot process your membership without it. Marjorie Book Continuing Education Society staff members may not be listed.

Name	Mailing Address	Phone

## Transportation

Do you have transportation to and from Marjorie Book Continuing Education Society events?

\_\_\_\_\_   
 Yes/No

Will you regularly be using Metro or TANK to get to Marjorie Book Continuing Education Society events?

\_\_\_\_\_   
 Yes/No

Will you regularly be using Access to get to Marjorie Book Continuing Education Society events?

\_\_\_\_\_   
 Yes/No

Would you be interested in receiving more information about volunteering to provide transportation for others?

\_\_\_\_\_   
 Yes/No

## General Release

- In order to participate in any Marjorie Book Continuing Education Society program, the following release must be signed by the participant AND a parent or legal guardian if the participant is under 18 years of age.

In consideration of the acceptance of \_\_\_\_\_ (Applicant's Name) as a participant for any of the programs provided by the Marjorie Book Continuing Education Society, the undersigned hereby assumes complete and sole responsibility for any injury to applicant or damage to property sustained or incurred by the applicant during any such program, including during any period of transportation provided by or on behalf of the Marjorie Book Continuing Education Society. The undersigned accordingly releases the Marjorie Book Continuing Education Society, trustees and participants of any and all liability for such injury or damage.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Signature of parent or legal guardian if applicant is under 18 years of age Date

## Photo Release

I hereby give my permission to the Marjorie Book Continuing Education Society to use my name and photograph in such public relations as it considers appropriate without notice to me. Such public relations may include but are not limited to the use of my photo on a bulletin board, in the organizational newsletter, in an organizational brochure or on the organizational website.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Signature of parent or legal guardian if applicant is under 18 years of age Date

MBCES: Bringing teenagers and adults with and without disabilities together for educational classes and other projects of common interest!

## Code of Conduct

In accordance with the Marjorie Book Continuing Education Society's overall goal to provide people with and without disabilities opportunities to participate in various activities, members are required to review and abide by the following **code of conduct**:

While a member of the Marjorie Book Continuing Education Society:

- I will conduct myself in a manner that shows respect for other members.
- As a participant in Marjorie Book Continuing Education Society activities, I promise to respect the privacy of other participants and not disclose confidences except as demanded by law or in cases of immediate danger to others.
- I understand that verbal harassment, physical abuse, illegal actions as well as any other behavior that compromises the safety and reasonable comfort of others, including the use of alcohol and/or illegal substances, prior to or during program activities, will not be tolerated.
- I acknowledge that the result of such behaviors during activities could result in my expulsion from Marjorie Book Continuing Education Society activities.
- I acknowledge that such disciplinary decisions are made at the discretion of the executive director and approved by the board of directors.
- I acknowledge that if my personal behavior outside of Marjorie Book Continuing Education Society activities deems a potential threat to other participants, I may be suspended or expelled from the group.
- I understand as well, that if I witness another participant acting in violation to this code of conduct that I am encouraged to report this act to the activity's coordinator or to a board member.

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Applicant's Signature

Date

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Signature of parent or legal guardian if applicant is under 18 years of age

Date

## Emergency Information

In case of emergency, please contact one the two following individuals:

1. Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

OR

2. Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Medical Information

Will the use of medication be required while participating in the Marjorie Book Continuing Education Society? \_\_\_\_\_  
Yes/No

List medications being taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies including food and drug allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Medical insurance carried with \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Do you have a living will? \_\_\_\_\_  
Yes/No

Is there any information you would like medical personnel to be aware of (e.g. medical conditions, psychological or intellectual disability, mental illness, etc.)?

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**You may mail this application to :** Marjorie Book Continuing Education Society  
2373 Harrison Avenue, Room 21  
Cincinnati, OH 45211

*The Marjorie Book Continuing Education Society thanks you for your interest.  
Questions? Contact Joe Link at (513) 328-6300 or [info@marjoriebook.org](mailto:info@marjoriebook.org).  
Check out our website at [www.marjoriebook.org](http://www.marjoriebook.org).*

**Updated 5/10**