



WoodGreen Community Services

Seniors' Active Living Centre

Membership Application & Renewal Form 2026-2027

MEMBER INFORMATION

New Membership Renewal/Membership #
 AC

First Name:
 Last Name:
(as written on a valid government-issued identification document)

Preferred Name:
 Phone:

Email Address:

Preferred Method of Contact:
 Phone
 Email
 Subscribe Weekly Email Newsletter

Date of Birth: (DD/MM/YYYY)
 Gender:

Street Address:

Address Line 2:
 City:
 Postal Code:

Name of Emergency Contact:

Emergency Phone #:
 Relationship:

Why we collect your information:
 We collect personal information to register you in programs, support service delivery, improve activities, and meet funding and reporting requirements. We only collect what is necessary, keep it confidential, and use non-identifying data to improve programs and show community impact. You may withdraw consent at any time.

- I consent to the collection and use of the information provided in this form.
- I consent to being contacted about programs and services by WoodGreen staff.
- I consent to anonymized data being used for reporting purposes.

Signature:
 Date:

FOR OFFICE USE ONLY

From April 1- Mar 31, 2026 \$20 From Oct 1, 2026- Mar 31, 2027 \$10

Volunteer/ 1070 Queen/ 444 Logan/ 9 Haldon/ 266 Donlands/ St. Hilda's Tower Tenants \$0

Staff: _____ Date of Input: _____



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MEMBER PROFILE

Accessibility & Participation Supports for Activities of Daily Living

WoodGreen is committed to inclusive and accessible programs. Please let us know if you need any support:

Do you require accommodations?

- Mobility support
- Hearing support
- Vision support
- Support person
- No accommodations needed
- Language interpretation
- Language: _____
- Dietary needs
- Details: _____

Mobility aid used:

- No
- Yes, Please specify: _____

Do you need reminders or extra support?

- Yes
- No
- Prefer to discuss privately

Preferred information format:

- Large print
- Digital
- Verbal
- Other: _____

Medical conditions or allergies staff should be aware of:

DEMOGRAPHIC INFORMATION (OPTIONAL)

WoodGreen Community Services is committed to equity and inclusion. These optional questions help us understand our community, meet reporting needs, and improve access. All responses are confidential and will not affect your participation.

Age Category

- 55-64
- 65-74
- 75-84
- 85-90
- 91+

Self-Identified Gender

- Male
- Female
- Other
- Prefer not to answer

Please select any of the following that you identify with:

- Women
- First Nations
- Metis
- Inuit
- Seniors with disabilities
- Low-income status
- Newcomers
- Primary non-English language
- 2SLGBTQIA+
- Black or otherwise racialized
- Language minority
- Other: _____
- Prefer not to answer

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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Being physically active is safe for most people. However, some people should check with their healthcare provider (doctor or nurse practitioner) before they start increasing the level of their physical activity. This questionnaire will tell you whether it is necessary for you to seek further advice from your healthcare provider (doctor or nurse practitioner) or a qualified exercise professional before becoming more physically active.

If you answered YES to any of the questions below, you need to talk with your healthcare provider by phone or in-person BEFORE you start a physical activity program.

NOTE: It is your responsibility to assess and monitor changes in your health and consult with your healthcare provider (doctor or nurse practitioner) as needed.

Yes	No	Has your doctor advised you not to exercise because of your medical condition(s)?
Yes	No	In the past month, have you developed chest pain when you were not doing physical activity?
Yes	No	Do you lose your balance because of dizziness or do you ever lose consciousness?
Yes	No	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Yes	No	Is your doctor currently prescribing medication (for example, water pills, beta-blockers, nitrates) for your blood pressure or heart conditions?
Yes	No	Have you had congestive heart failure?
Yes	No	Do you have uncontrolled high blood pressure (160/100 or above)?
Yes	No	Do you have severe osteoporosis?

By signing below, I acknowledge that I have read, understood and completed this questionnaire to the best of my knowledge. I also acknowledge that questions were answered to my full satisfaction by the program facilitator.

Printed Name: _____ Signature: _____ Date: _____

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CLIENT ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES

Please read and acknowledge:

- I have read and agree to follow the Client Bill of Rights and Responsibilities
- I will treat others with respect and support a safe environment
- I understand unsafe behaviour (including harassment, discrimination or violence) is not allowed
- I understand services may be changed or ended for safety reasons
- I understand how to use the feedback and complaints process

PARTICIPANT AGREEMENT & ACKNOWLEDGEMENT OF RISK

This document outlines important information about participation in programs, including possible risks, responsibilities, and consent. Please read carefully before signing.

Risks & Participation

- I understand participation may involve risks such as slips, falls, muscle strain, dizziness, fatigue, or other injuries.
- For virtual programs, I am responsible for ensuring my home environment is safe.
- I will participate at a level appropriate for me, follow staff instructions, and inform staff of any health concerns. I may stop participating at any time.

Release of Liability and Claims

- I agree that WoodGreen Community Services, including its staff and volunteers, is not responsible for any injury, loss, or damage that may occur during participation in programs.

Emergency Assistance

- If needed, I authorize staff to obtain emergency medical assistance on my behalf. I understand I am responsible for any related costs.

Agreement

- I confirm that:
 - I have read and understood this agreement
 - I have had the opportunity to ask questions
 - I am signing voluntarily

Printed Name: _____

Signature: _____

Date: _____

WoodGreen Community Services Seniors' Active Living Centre 2026-2027 Membership Welcome

WELCOME LETTER

Dear Members,

A very warm welcome to the Seniors' Active Living Centre at WoodGreen Community Services! We are happy to have you join our community and look forward to supporting your health, wellbeing, and social connection through our programs.

Thank you for your continued participation and support.

- Annual membership (April 1 – March 31): \$20 per year
- Mid-year membership (Oct 1 – Mar 31): \$10
- Membership fees remain waived for residents of 1070 Queen, 444 Logan, 266 Donlands, and St. Hilda's Towers, as well as eligible volunteers who support our programs.

If you have any questions or need assistance, please feel free to contact your Program Coordinator:

- 266 Donlands Ave. – Shirman Mak | 416-728-7865 | smmak@woodgreen.org
- 444 Logan Ave. – Angie Lam | 416-543-6512 | AnLam@woodgreen.org
- 500 Kingston Rd. – Christina Isaac | 416-616-8191 | CIsaac@woodgreen.org
- 721 Broadview Ave. – Jennifer Yang | 647-285-7954 | jiyang@woodgreen.org
- 1070 Queen St. E. – Aimin Xu | 416-405-5010 | axu@woodgreen.org
- St. Hilda's Tower – Kazi Tabassum | 416-705-2088 | KTabassum@woodgreen.org

Manager, Seniors Active Living Centres & Outreach

- Ara Manrikyan | 647-532-1188 | AManrikyan@woodgreen.org

We are so happy to have you with us and look forward to seeing you at the centre!

Warm regards,

Seniors' Active Living Centre Team, WoodGreen Community Services

WoodGreen Community Services

Seniors' Active Living Centre

Seniors Services Information

ABOUT OUR SENIORS' ACTIVE LIVING CENTRES (SALCS)

WoodGreen Seniors' Active Living Centres (SALCs) offer welcoming in-person and hybrid programs designed to help older adults and seniors (55+) stay healthy, active, socially connected, and independent.

Our programs promote overall well-being through a wide range of activities, including health and wellness sessions, physical activity and exercise classes, arts and crafts, games, educational workshops, and skills-building opportunities. We also offer congregating dining and luncheons, along with social and recreational activities, special events, and community outings that foster connection and reduce isolation.

OTHER SENIORS SERVICES

- **Assisted Living Services:** We support high-risk seniors who are frail or living with cognitive impairment to continue living safely at home, with or without family support, through coordinated daily and community-based services.
- **Crisis Outreach for Seniors:** We provide daily on-call crisis intervention and outreach for older adults (65+) experiencing dementia, mental health, or substance use challenges.
- **Friendly Visiting & Medical Escorts for Seniors:** We offer friendly visits, companionship, and door-to-door escorted transportation to medical appointments with translation support when needed.
- **Meals on Wheels(Fee-Based):** We deliver hot and frozen meals to seniors and adults with disabilities, along with wellness checks and community connection support.
- **Seniors Day Programs(Fee-Based):** We provide supervised group programs for adults living with Alzheimer's, disabilities, or frailty, including meals, activities, and personal support. Locations: 840 Coxwell Ave., Toronto, ON M4C 5C2 | 721 Broadview Ave., Toronto, ON M4K 3J9
- **Social Work & Full Circle Programs:** We offer clinical and supportive services for adults 55+ facing mental health, substance use, dementia, or age-related challenges.
- **Transportation Program(Fee-Based):** We provide transportation, social visits, and safety support for seniors and adults with disabilities. Service Area: Don Valley Parkway to Victoria Park Ave., Eglinton Ave E. to Lake Shore Blvd.
- **For any Inquiries, Please Contact:**
 - **Central Intake:** 416-572-3575 | cccentralintake@woodgreen.org

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CLIENT BILL OF RIGHTS AND RESPONSIBILITIES (PLEASE READ)

As a client of WoodGreen Community Services, you have the right to:



- Be treated with courtesy and respect
- Have your dignity, and independence upheld
- Receive support that promotes your physical, social, emotional, and financial well-being
- Be respected for your individuality and diversity, including ethnicity, spirituality, language, culture, gender identity, and sexual orientation
- Participate fully in planning your care
- Give or refuse consent to any service
- Raise concerns or suggest changes without fear of interference, coercion, discrimination, or reprisal
- Access your health records and have your information kept confidential as required by law
- Receive services in a safe and secure environment

As a client of WoodGreen Community Services, you are responsible to:

- Treat staff, volunteers, and other clients with respect, dignity and courtesy
- Respect the diversity of others
- Avoid behaviour that threatens the safety or well-being of anyone
- Report concerns or service issues promptly
- Participate in planning your care to the best of your ability
- Attend appointments and programs on time and notify staff of any changes
- Share updates to your contact information



Feedback & Complaints

We welcome your feedback at any time through surveys, interviews, or directly with staff. Complaints are reviewed fairly and respectfully. All feedback is used to improve our services.

How to make a complaint:

- Speak with your Program Coordinator
- Request a complaint form at your centre
- Escalate to a Supervisor/Manager if needed

What you can expect:

- Acknowledgement within 1 business day
- Review by management
- Response within 14 days or an update if more time is needed