

ENROLLEMENT APPLICATION

INFORMATION REQUIRED	PLEASE ENTER INFORMATION HERE
Today's Date:	
Name: (last, first, M.)	
Address: (street)	
City, State, Zip Code:	
Rural or Urban	
Home Phone:	
Cell Phone:	
e-Mail address:	
Age:	
# in household:	
# of dependents:	
Total Monthly Income (ex: pension, Social Security, etc.)	
Type of Income:	
Are you currently working?	
Preferred Job Interest:	
Skills:	
Do you have transportation?	
Best time to call:	
Comments:	

Thank you for your interest. Please complete, print and mail application to:

Area Agency on Aging
 Attn: Mature Worker Program
 93 N Main St
 Wilkes Barre PA 18701
 Or Fax to (570) 950-9725

