# Dunellen's Senior Bus Registration for Senior Citizens and Disabled Community Members

Last Name _____ First Name _____ DOB _____ Age _____

Address _____ Phone Number _____

Email _____

Emergency Contact _____ Phone Number _____ Relationship _____

Doctor's Name _____ Phone Number _____

Please indicate if you have an illness/disability: _____

_____

Please indicate if you have have limitations or special needs: _____

_____

Do you speak English: ❑ Yes ❑ No

If not, what language is spoken: ❑ Spanish ❑ Polish ❑ German ❑ French ❑ Italian

❑ Russian ❑ _____

Marital Status:

❑ Married ❑ Separated ❑ Never Married ❑ Widowed ❑ Divorced ❑ _____

Household Compensation:

❑ Live Alone ❑ With Relative ❑ With Spouse ❑ With Children ❑ With Non-Relative

_____ _____

Signature Date

Please return with copies of proof of residency AND ID showing age or disability letter to:
Borough of Dunellen, ATTN: Gail Woerner, 353 North Avenue, Dunellen, NJ 08812