

T.F.R.N.C. ** SOCIAL BACKGROUND INFORMATION -- Page 4

Name of Applicant: _____

Religion: _____ Name of Clergy: _____

If Eastern Orthodox - Saint's Day _____

Spouse's Name: _____ Spouse's Occupation: _____

Date of Marriage: _____ Place of Marriage: _____

If deceased, give date: _____ Any Previous Marriages? _____

Father's Name: _____ Mother's Maiden Name: _____

Father's Occupation: _____ Mother's Occupation: _____

How many brothers/sisters older than you: _____ Younger than you: _____

Children's Names: _____

How Many Grandchildren: _____

Languages Spoken: _____ Education: _____

Occupation/Skill _____ Work History: _____

Last Place of Employment: _____

Retirement Date: _____ Occupation after Retirement: _____

Community Involvement: _____

Registered to Vote? Yes No Where: _____

Wish to Vote by Absentee Ballot? Yes No

FAVORITE ACTIVITIES. Please check as many as apply.

	Past	Present		Past	Present
Church	<input type="checkbox"/>	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	Games:	<input type="checkbox"/>	<input type="checkbox"/>
Crafts:			Bingo	<input type="checkbox"/>	<input type="checkbox"/>
Crocheting/Knitting	<input type="checkbox"/>	<input type="checkbox"/>	Board/Cards	<input type="checkbox"/>	<input type="checkbox"/>
Woodwork	<input type="checkbox"/>	<input type="checkbox"/>	Bridge/Chess	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	Pets	<input type="checkbox"/>	<input type="checkbox"/>
Needlework	<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Events:			Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Ballet	<input type="checkbox"/>	<input type="checkbox"/>	Sit & Think	<input type="checkbox"/>	<input type="checkbox"/>
Musical	<input type="checkbox"/>	<input type="checkbox"/>	TV/Movie/Radio	<input type="checkbox"/>	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>	Visiting	<input type="checkbox"/>	<input type="checkbox"/>
Theater	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>
Current Events	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____
Exercise/Sports	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

Submit