BIG FEET LIL FEET CULTURAL LIBRARY

VETERANS PROGRAM ENROLLMENT FORM

(872) 344-0022
Bigfeetlilfeet514@gmail.com
bigfeetlilfeet514.com

ENROLLMENT DETAILS

Enrollment Date *

Start Date

Session / Term

Participant ID (office use)

VETERAN PARTICIPANT

First Name *

Middle Name

Last Name *

Preferred Name

Date of Birth *

Pronouns (optional)

Home Address *

Apartment / Unit

City *

State *

ZIP Code *

Primary Phone *

Alternate Phone

Email Address *

MILITARY SERVICE INFORMATION (OPTIONAL)

- ☐ Army
- ☐ Navy
- ☐ Air Force
- ☐ Marine Corps
- ☐ Coast Guard
- ☐ Space Force
- ☐ National Guard
- ☐ Reserves
- ☐ Other / Prefer not to answer

Years of Service

Service Era / Dates

Military Specialty / Experience

Service information is optional and is used only to help connect participants with relevant programs and resources.

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SELECT PROGRAM(S) OR RESOURCES

- ☐ Coding & Technology
- ☐ Computer and Digital Skills
- ☐ Career and Employment Resources
- ☐ Resume / Online Application Help
- ☐ Cultural Library & Education
- ☐ Workshops and Classes
- ☐ Community Connections
- ☐ Mentoring / Volunteer Opportunities

AVAILABILITY

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday / Special Events
- ☐ Morning
- ☐ Afternoon
- ☐ Evening
- ☐ Schedule varies

Preferred Days, Times, or Scheduling Notes

GOALS AND EXPERIENCE

What would you like to learn, accomplish, or receive help with?

Skills, work experience, military experience, interests, or strengths you would like to share

REQUESTED SUPPORT

- ☐ Transportation information
- ☐ Technology / device access
- ☐ Reading or learning support
- ☐ Accessibility accommodations
- ☐ Career-resource referrals
- ☐ No support requested at this time

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EMERGENCY CONTACT

Full Name *

Relationship *

Primary Phone *

Alternate Phone

Email Address

ACCESSIBILITY AND SAFETY (OPTIONAL)

Share only information that staff should know to support safe participation. Do not include full medical records or sensitive service documents.

Allergies, mobility needs, accessibility needs, or emergency information

Helpful accommodations, communication needs, or other participation notes

EMERGENCY ASSISTANCE

If an emergency occurs, I authorize Big Feet Lil Feet Cultural Library staff to contact 911 or other emergency services and to contact the person listed above. I understand that I am responsible for any related medical costs.

- [ ] I authorize emergency assistance as described above

PARTICIPANT RESPONSIBILITIES

I agree to follow program safety rules, treat participants and staff respectfully, use technology appropriately, and notify staff when enrollment or emergency information changes.

- [ ] I have read and agree to the participant responsibilities

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PHOTO AND VIDEO PERMISSION

I authorize Big Feet Lil Feet Cultural Library to photograph or record me for internal program documentation, newsletters, and printed promotional materials.

- [ ] Yes, I give permission
- [ ] No, I do not give permission

SOCIAL MEDIA AND WEBSITE CONSENT

I authorize photographs or videos of me to be posted on the organization's official social media accounts and website. I understand that public posts may be viewed, shared, or saved by others.

- [ ] Yes, I give permission
- [ ] No, I do not give permission

TECHNOLOGY AND INTERNET USE

I agree to use computers, educational software, internet resources, and program equipment responsibly and according to program rules.

- [ ] I agree
- [ ] I do not plan to use program technology

ACKNOWLEDGMENT

I certify that the information in this form is complete and accurate. I understand that enrollment is not complete until this form and any required documents are reviewed and accepted. I will promptly report changes to my contact or emergency information.

- [ ] I have read and agree to the acknowledgment above

Printed Participant Name *

Date *

Handwritten Signature *

Date *

OFFICE USE ONLY

- [ ] Form received
- [ ] Form reviewed
- [ ] Orientation completed

Reviewed By

Review Date

Enrollment Status / Notes