

**Jewish Community Center of Houston**  
**Nite Owls Application and Emergency Information Form**

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

What are some of your hobbies? \_\_\_\_\_

\_\_\_\_\_

List some of your personal strengths: \_\_\_\_\_

\_\_\_\_\_

What are you looking to gain from joining the this group? \_\_\_\_\_

\_\_\_\_\_

Please list the places you have been employed: \_\_\_\_\_

Please indicate the name of your current  
employer: \_\_\_\_\_

If you are in school, please the name of your school:  
\_\_\_\_\_

If you are involved in a day program, please put the name of your  
program: \_\_\_\_\_

**Emergency Contact Information**

Please give at least two people we can contact in case of an emergency.

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Relationship to person \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Relationship to person \_\_\_\_\_

**Medical History**

Current diagnosis(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any physical conditions or limitations:  
\_\_\_\_\_  
\_\_\_\_\_

Current medication(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_  
Group # \_\_\_\_\_  
Hospital of choice \_\_\_\_\_  
Doctor(s) name \_\_\_\_\_  
\_\_\_\_\_