

**Matter of Balance: Managing Concerns About Falls
Coach Application**

Date: _____ **Birthday (month & day):** _____

Name: _____

Address: _____

Phone: _____ **E-mail:** _____

Best way to contact me: _____

Emergency Contact Name: _____

Phone: _____

Gender: female male

Age group: Less than 50 yrs 50-54 yrs 55-59 yrs
 60- 64 yrs 65 – 69 yrs 70 – 74 yrs
 75 – 79 yrs 80 – 85 yrs Over 85 yrs

Education:

- | | |
|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school graduate |
| <input type="checkbox"/> Some college or vocational school | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Some graduate school | <input type="checkbox"/> Graduate school |

Occupation (including company employed at) or life experience:

Hobbies and activities enjoyed: _____

Other volunteer experiences: _____

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Do you speak more than one language? Yes No

If yes, what language(s): _____

Do you have transportation? Yes No

How did you hear about a Matter of Balance?

Flyer Newspaper Word of mouth Presentation

Other _____

Why are you interested in becoming a Matter of Balance coach?

My Basic Availability:

I would be available for sessions held:

- Monday + Wednesday Tuesday + Thursday
 Wednesday + Friday

Best time of day: (2 hour sessions)

- Mornings Afternoons
 Not sure- please call me when you are scheduling a class

The best location for me is:

- Beaufort County Bertie County Hertford County
 Martin County Pitt County
Other _____

Additional Comments:

Thank you!

Media Release

I grant the North Central Texas Council of Governments, its representatives and employees the right to take photographs of me in connection with the above identified organization, and the right to use my name, title, still photo, video image, or my words. I authorize the North Central Texas Council of Governments, to copyright, use and publish the same in print or electronically.

I agree that the North Central Texas Council of Governments may use such photographs of me with or without my name for such purposes of marketing, recruiting, publicity, illustration, Web content, or any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I do not expect, nor require any right to royalties or other compensation arising or related to the use of state information and photographs.

I have read and understand the above:

Printed Name: _____

Signature: _____

Date: _____