

LFUCG Senior Intern Program
Application 2019

(Please Print) Name: _____ DOB: _____

Address: _____

Zip Code: _____ Telephone: _____ Email: _____

Years of Residence in Fayette County: _____

Employment prior to retirement: _____

Emergency Contact: _____
Name cell number relationship

Signature of Intern

Do you require an accommodation due to a disability in order to fully participate?

Yes _____ No _____

If so what type of accommodation? _____

(Examples: Sign language interpreter, listening devise, etc.)

Will you be riding WHEELS in order to participate? Yes _____ No _____

Do you have any dietary restrictions or preferences? Yes _____ No _____

If so what _____

(Examples: Food allergies, vegetarian, gluten free, etc.)

This program will be held Monday through Friday, June 3 through the 7, 2019 and the participant is requested to attend each day. Lunch will be provided at no cost and parking will be free.

Please address questions and return the completed form to:

Kristy Stambaugh, Aging Services
195 Life Lane
Lexington, KY 40502
859-278-6072 ext. 7557
kstambau@lexingtonky.gov