**Welcome to Our Harmony Club Inc.**

Greetings!

Thank you so much for expressing an interest in sending your loved one to Our Harmony Club!

We at Our Harmony Club understand that the decision to ask for help can sometimes be difficult, but rest assured, we are here to support you through the process and help you find the resources you need. We are truly fortunate to have such a great group of dedicated volunteers that enable us to serve you.

The following documents will provide you with information about Our Harmony Club. Once you have reviewed the information, please feel free to contact me and we will be able to work together to determine whether Our Harmony Club will be the best program to meet the unique needs of your loved one. If you have any questions or concerns after you have gone through the material, please feel free to call or email me and I will answer them and explain our program in greater detail.

I look forward to hearing from you!

Sincerely,

Dawn Vlach

Director of Our Harmony Club Inc.

(262) 880-5301

[DawnVlach@ourharmonyclub.org](mailto:DawnVlach@ourharmonyclub.org)

**Welcome to Our Harmony Club**

Our Harmony Club Inc. is a non-medical, voluntary social club providing respite services for older adults in the community. Our Harmony Club Inc. has established clubs within Racine, Lyons, Sturtevant, and Oak Creek are generously donated helping to support our mission. Each club is run by a staff person, a site coordinator, and our amazing volunteers.  Participants who attend Our Harmony Club are called “guests”.

**General Information**   
Our Harmony Club hours are from 9:30 AM to 3:30 PM.  The cost for each club is **$35.00 for the whole day**. We are not able to pro-rate for less than the full 6 hours.  Guests enjoy themselves by reminiscing about the “old days”, working on crafts, doing puzzles, participating in sing-a-longs or just simply spending time together.

Transportation to and from Our Harmony Club is the responsibility of the caregiver.

**Program Limitations**   
Neither the Director of Our Harmony Club Inc., nor the volunteer site coordinator, nor volunteers are medically trained.  In the event of the need for medical service, staff will call 911.  Any charges associated with this action are the sole responsibility of the guest and/or caregiver.

**Billing**

Our Harmony Club Inc. is a **prepaid** program. Each month you will receive a letter with information and a calendar. It is very important that you fill out the enclosed form and return it with your payment by the due date. Credits will not be issued for clubs missed but we will offer you the option to make up missed days during the same month. We understand that emergencies and illnesses happen, and we will take these things into account.

**Infection Control**

* In order to prevent illnesses, we encourage guests and volunteers to frequently wash or sanitize their hands.
* If the guest is not feeling well on an Our Harmony Club day, please have them stay at home to prevent the spread of infection.

**Inclement Weather**   
Cancellation of Our Harmony Club Inc. due to inclement weather is based upon the**Racine Unified School District’s** determination.  If **Racine** schools are cancelled, all Our Harmony Clubs Inc. sites are also cancelled.  This information is available on the local television stations.  Please do not drive in weather you do not feel safe driving in.  Please call the Director at 262-880-5301 to inform her that the guest will not be attending club.

**Absence**   
If the guest is unable to come to Our Harmony Club on your scheduled day, please call the Director at 262-880-5301 and let her know.  It is your responsibility to cancel any transportation that is set up.

**Contact Information**   
If the guest’s contact information or medication changes at any time during the time they are attending Our Harmony Club, please let the Director know immediately.

**Confidentiality**   
Please be sensitive when sharing personal information about another individual to other caregivers or guests.  Do not disclose any confidential information without the consent of that individual or individual’s guardian.

**CAREGIVER AND GUEST RIGHTS**

* The caregiver and guest have a right to have the information shared with Our Harmony Club Inc. Director, site coordinators, and volunteers remain confidential.   All are responsible for protecting the confidentiality of any care receiver.  A violation of this policy can result in the discharge of the individual from all Our Harmony Club locations.
* Any type of abuse, subtle or otherwise will not be tolerated.  Volunteers should be aware of their response to guests and caregivers.
* Any indications of indifference, or rejection will not be tolerated.
* Speaking about a guest in front of him/her as if he/she is not present will not be tolerated.
* Any concerns a caregiver/ guest have should be reported to the Director.
* It is very important that our guests and caregivers feel welcomed, respected, and comfortable at our clubs.

**Our Harmony Club Acceptance Criteria**

**Policy**:  Acceptance into Our Harmony Club will be based upon the guest meeting the criteria established for this club.

**Purpose:**  To ensure the care of guests does not exceed the capabilities of the volunteers and the intent of our program.

**Procedure:**The Director, or a representative of Our Harmony Club Inc., will interview potential guests and/or family members/caregivers for acceptance into the club based on the following criteria:

1. The ability to be up in a chair while at club.
2. The ability to bear weight and transfer independently or with minimal assistance of one person.
3. The ability to manage toileting independently or with minimal help.  Guest must provide supplies if needed.  Supplies include gloves, wipes, incontinent supplies, extra pants and plastic bags to dispose of waste products.
4. The ability to control behavior, including challenging or inappropriate behaviors or behaviors that could danger self or others.  **Guests may not use abusive verbal comments to the staff or volunteers or physically threatening behaviors such as swinging arms when in discussion with volunteers or staff.  Incidents will be included in reports to the family and guests will not be allowed to return.**
5. The ability to take medications independently or with verbal reminders only.
6. Our club is unable to accommodate guests wishing to smoke during club hours.
7. Guests do not have to participate in all activities but must not require 1 to 1 supervision for the greater part of the day.

If it is determined that Our Harmony Club Inc. Is no longer an appropriate setting for the guest, the guest and the caregiver will be notified immediately.  Every attempt will be made to offer resources which better meet the needs of the guest.  The guest and/or caregiver are responsible for reporting any changes to the Director.

MASTER CALENDAR

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| No Club | **Holy Communion**  2000 W. 6th St  Racine  **Lord of Life**  5601 Washington Rd Kenosha | **St Josephs**  1540 Mill St  Lyons, WI | **St. Richard’s**  1503 Grand Ave  Racine | No Club |
| St. Sebastian’s  3030 95th St  Sturtevant | **North Point Campus**  1013 Harmony Dr  Racine | **St Joseph’s**  or  **St. Sebastian’s** | **St. Richard’s**  1503 Grand Ave  Racine | No Club |
| St. Sebastian’s  3030 95th St  Sturtevant | **OCCUM**  8775 S.13th St  Oak Creek  **Lord of Life**  5601 Washington Rd Kenosha | **St Josephs**  1540 Mill St  Lyons, WI | **St. Richard’s**  1503 Grand Ave Racine | No Club |
| St. Sebastian’s  Or  Wilson Park Senior Center  2601 W. Howard St  Milwaukee | **Harbor Rock**  1015 4 Mile Rd  Racine | **St Joseph’s**  or  **St. Sebastian’s** | **St. Richard’s**  1503 Grand Ave  Racine | No Club |

(Clubs are subject to change.  Prior notice will be given.  We do not meet on holidays.)

**ANY QUESTIONS OR CONCERNS PLEASE CALL:**

Dawn 262-880-5301 /Christine 262-221-7654/ Jeanne 262-705-3831/Anna 414-418-3097

Please bring a bag enclosed with extra depends, pants, gloves, wipes and 2 disposal bags. This bag should be brought to and from each club.

Our Harmony Club Inc. Reference Form

Guest Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_19\_\_\_\_\_\_\_\_\_\_\_

Guest prefers to be called\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest lives where or with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (this is used for funding statistics only)

Caregiver’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_19\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to guest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Phone\_( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thrivent member? YES NO

Where you heard about Our Hamony Club?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Tell us about your loved one!***

**Medical Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are they a DNR ?\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the guest diabetic? \_\_\_YES/ NO\_\_\_\_\_ Insulin \_\_\_YES/ NO\_\_\_\_\_ Diet controlled \_\_\_\_YES/ NO\_\_\_\_\_

Allergies to food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special dietary needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medication to be taken at club? \_\_\_\_\_\_\_\_\_\_\_\_\_special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any tendencies to wander? \_\_\_\_\_\_\_\_\_\_\_ please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a current printed list\* of all medications.**

**This information is needed in an emergency.**

**\*MEDICATION INFORMATION IS REQUIRED\* *\* IF THERE IS A CHANGE IN MEDICATION, PLEASE LET US KNOW AND UPDATE MEDICATION LIST.***

**Signature and Acknowledgement Page**

By signing this agreement, the guest and his/her caregiver agree to hold Our Harmony Club, Inc. and its employees and volunteers harmless from any and all liability as a result of services given or not given.  In addition, Our Harmony Club, Inc. is not liable for the actions of other Our Harmony Club guests aside from what would reasonably be expected or is required by law such as: notification to caregivers, legal authorities and contacting emergency services if required.

**\_\_\_\_Agree \_\_\_\_Do Not Agree**

***Confidentiality***

I understand that I should not disclose any confidential information to others without the consent of the individual involved.

**\_\_\_\_Agree \_\_\_\_Do Not Agree**

***Web Media/Photography/Image/Artwork Release***

 I, the undersigned, being of legal age, agree that photographs, motion pictures and/or videotape recordings made of me/or any artwork I have produced through Our Harmony Club, Inc. programming and with my consent, may be used by Our Harmony Club, Inc., or its successors or assigns, for promotional/publicity purposes, without compensation therefore being paid or due me for this release and the photos, film and/or recordings made.

I also agree that Our Harmony Club, Inc., and its agents and assigns shall not be held responsible for inadvertent errors in connection with the above.

**\_\_\_\_Agree \_\_\_\_Do Not Agree**

**I have read, understand, and agree to the Our Harmony Club Guest Agreement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Guest’s Signature (if able) Guest’s Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Caregiver’s Signature  Printed Name, Relationship Date

SEE US FOR WHO WE ARE

At Our Harmony Club, we want to know the person we are caring for, who they truly are. We want to offer them an opportunity to share their life stories and embrace their past, present, and future in an environment where they feel safe, productive, and appreciated. We want to focus on what they enjoy doing and can do. It’s about creating warm, caring relationships. In order to achieve this, we are asking the family members to sit with their loved one and fill out their LIFE STORY. We then will compile these and have a book for the volunteers to refer to. It will help with improved communication and personalized care.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nicknames\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Spouses name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Grandchildren’s names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any great grandchildren\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Schools attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cities I lived in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite sports team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I play what sports\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Favorite foods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foods I don’t like\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you retire from­­­­­­\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hobbies and interests\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where have you traveled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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War service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Music I enjoy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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