



HEALTH AND HUMAN SERVICES DEPARTMENT

Pueblo de San Ildefonso
02 San I Senior Rd, Building B.
Santa Fe, NM 87502
Phone: (505) 455-4114 or (505) 455-4115



San Ildefonso Community Wellness Center Membership Application

1. Personal Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: ☐ Male ☐ Female ☐ Other: _____

Address:

Street: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

2. Emergency Contact

Name: _____

Relationship: _____

Phone Number: (_____) _____ - _____

3. Reason for Application

Please select all that apply:

☐ General Membership

☐ Program Enrollment

☐ Counseling Services

☐ Health & Wellness Classes

☐ Volunteer Opportunities

☐ Other (please specify): _____

4. Health & Wellness Background

Do you have any current medical conditions or allergies the staff should be aware of?

☐ Yes ☐ No

If yes, please specify: _____

Are you currently under a doctor's care for any condition that affects your ability to safely participate in physical fitness programming or use exercise equipment?

☐ Yes ☐ No

If yes, please explain briefly: _____

4.3 What are your main wellness goals? (Select all that apply)

☐ Physical Fitness

☐ Mental Health Support

☐ Nutrition & Diet

☐ Stress Reduction

☐ Chronic Condition Management

☐ Other: _____

5. Volunteer Interest: Leading Fitness or Wellness Activities

Are you interested in volunteering to lead or assist with fitness/wellness activities?

☐ Yes ☐ No

If yes, please describe relevant experience, certifications, or specific activities:

What days are you available to volunteer?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred time(s):

☐ Morning ☐ Afternoon ☐ Evening

6. Fitness Activities You'd Like to See

What types of fitness or wellness activities are you interested in? (Check all that apply)

☐ Yoga

☐ Meditation or Mindfulness

☐ Group Fitness Classes (e.g., aerobics, boot camp)

☐ Walking or Running Groups

- ☐ Dance-Based Fitness (e.g., Zumba)
- ☐ Strength Training
- ☐ Nutrition or Healthy Cooking Workshops
- ☐ Senior Fitness
- ☐ Adaptive Fitness (for individuals with disabilities)
- ☐ Family or Kids Fitness
- ☐ Other: _____

Do you have any suggestions for new classes or events?

7. Consent & Signature

By signing below:

- ☐ I consent to the collection and use of my information for the purpose of participating in Community Wellness Center activities.
- ☐ I understand that participation in wellness activities may involve some level of risk and release the Center Staff and Pueblo from all liability.
- ☐ I certify that I am in good standing with the Pueblo for use of community facilities.
- ☐ I agree to follow all rules and policies of the Community Wellness Center and Pueblo facilities, and to be respect staff and fellow members.

Signature: _____

Date: ____ / ____ / ____

