



## SENIOR WISHES APPLICATION

**DATE:** \_\_\_\_\_

### CONTACT INFORMATION OF WISH SEEKER:

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

Senior Phone Number: \_\_\_\_\_

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

Birthday: \_\_\_\_\_

Email address: \_\_\_\_\_

### NOMINATOR (If applicable)

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

Phone Number: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Relationship to Wish Nominee: \_\_\_\_\_

### WISH DETAILS (Please list ONE wish only)

Describe your wish in detail:

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**GENERAL QUESTIONS**

- 1. Are you a legal resident or U.S. Citizen?  
YES NO
- 2. Have you ever been convicted of a crime?  
YES NO
- 3. Do you have any physical or cognitive impairment that might influence your ability to participate in this wish?  
YES NO

I, the undersigned, acknowledge acceptance of this application does not guarantee fulfillment of my wish. I declare that all information provided by me is accurate and I agree to inform Senior Wishes should any information on this application change. I understand that I may be asked to provide a medical verification form and that I will need to sign a liability release prior to my wish being granted.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photographic Release (optional):**

I grant Senior Wishes, its representatives and employees the right to take photographs of me and my property in connection with the Senior Wishes program. I authorize the use and publishing of photographs of me with or without my name and for any lawful purpose including such purposes of publicity, advertising and web content. I authorize the use of any non-confidential information gathered in the process of granting my wish be used for any lawful purpose such as publicity, advertising, social media and web content.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please direct any questions to Wendy Backman, Director of Programs and Development at 508-2121.

Please return this document to:  
UCHS – Senior Wishes  
1 Fox Run Lane  
Orchard Park, NY 14127

