

Paso Robles Senior Center Report
Elaine Ernst and Micki Wright, Coordinators
February 4, 2024

The total attendance for the month of January was 2,123. In addition, we assisted more than 100 individuals with AARP tax information

Highlights from the past month include the following:

- Cuesta Emeritus Classes returned on January 21st. We had a late start for two of the classes: Introduction to iPads, February 4th and Painting with Donna, February 10th.
- We had a party for our receptionists on January 24th to celebrate our first-rate volunteers. We couldn't run the PRSC without them.



- The tax season is in full swing. We are helping people get appointments and forms. It is great to partner with Mike Cussen and AARP Tax Aid Program

Upcoming Events:



- The Magic Yarn Project is returning on Tuesday, February 11, 2025. Participants work together to create soft yarn Disney-inspired wigs for children who suffer from sensitive scalps due to cancer treatments and other conditions.
- Kristin Allen, is returning with a workshop on Healthy Living for the Brain and Body on February 27th, this workshop is sponsored by Alzheimer's Assoc.
- Be sure to check our calendar and the newsletter for more information, events, and resources.
- February is our Membership Drive, if not already, **please become a member**, \$20/year. Membership form on the back.
- A Community Grant seeking funding for additional IPADS has been written and submitted to John Peschong, County Supervisor.



Paso Robles Senior Center
MEMBERSHIP APPLICATION
Effective January 1, 2025

New Membership

Membership Renewal

Type of Membership:

Individual \$20.00 per year

Friend Individual - \$50.00 per year

Household \$30.00* per year

Sponsor - \$100.00 per year

*2+ members same address

Lifetime – Individual - \$200.00

Lifetime – Household - \$300.00

Additional Donation: Your Support allows us to continue to offer a variety of events and activities at low or no cost to our community.

\$10 \$20 \$50 \$100 Other Amount \$ _____

Member Information:

Last Name: _____ First Name: _____

Household Membership Only –Spouse/Family Member's Name: _____

Address or P.O. Box: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Would you like to receive your newsletter via email: Yes: No:

If **YES**, email address: _____

Emergency Contact Name and Phone: _____

PLEASE MAKE CHECKS PAYABLE TO: SENIOR VOLUNTEER SERVICES or SVS

For Office Use Only

Amount Received: \$ _____ Cash or _____ Check payable to SVS Check Number: _____

Received By: _____ Today's Date: _____

Membership Expiration Date: _____

Computer Entry: _____ Manager Reviewed _____ Money Deposited: _____

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