



Senior Planet Partner Resources

Participant Sign-In Sheets (Courses)



Introduction

This document provides sign-in sheets specifically designed for Senior Planet courses. The first sheet is designed to be administered the first session in a course. The second sheet is designed to be administered in every session after the first to take attendance. Trainers should have printed versions of the appropriate sheet for participants to fill out at the beginning of every program.

Participants are required to provide their first name, last name, zip code, and either an email address or phone number to participate in any Senior Planet program. Providing an email address allows participants to receive a free year of Senior Planet Supporter benefits.

Program administrators are responsible for ensuring the participant information is collected and added into Salesforce.

Senior Planet Supporters

Becoming a Senior Planet Supporter gives participants the opportunity to dive deeper into the Senior Planet community, gain access to special programs, receive quarterly impact reports and annual technology reviews. See the **Senior Planet Supporters Script** document in the Program Support Center for more information about the program.

Data Sharing & Privacy

Collecting participant information allows Senior Planet programs to remain free for older adults across the country. OATS takes data privacy very seriously and follows AARP's data sharing privacy policy, which can be found here: <https://www.aarp.org/about-aarp/privacy-policy/>. If participants have questions about how their data is used, they can contact licensing@seniorplanet.org.



Site: _____

Date: _____

Course: _____

Trainer: _____

Start Time: _____ End Time: _____

Session Number: _____

SIGN-IN SHEET				
First Name (required)	Last Name (required)	Zip Code (required)	Phone Number and/or Email Address (at least one is required)	Communication Opt Out*?

**Check this box if you wish to opt out of all communications from OATS & Senior Planet, including an invitation to a free year-long trial of Senior Planet Supporter benefits. If you have questions about what this means, ask your trainer.*



Site: _____

Date: _____

Course: _____

Trainer: _____

Start Time: _____ **End Time:** _____

Session Number: _____

SIGN-IN SHEET

First Name

Last Name

1. _____

8. _____

2. _____

9. _____

3. _____

10. _____

4. _____

11. _____

5. _____

12. _____

6. _____

13. _____

7. _____

14. _____

Is this your first class?

Please provide your first name, last name, zip code, and either an email address or phone number (required) to participate. Please also inform your trainer if you would not like to receive any communications from OATS and Senior Planet.