



Purple City Alliance of Redding Member Application & Agreement

Application:

Business Organization Name:

Owner President Name:

Mailing Address

Physical Address

Phone Number

Email

Number of Employees: *Optional: list employees names and emails on backside of this form.*

Agreement

As a Purple City Alliance of Redding member, you agree to:

- Be sensitive, honoring and caring to our community's elders, disabled adults and their family caregivers.
- Be aware and watchful for signs of risk to safety and well-being, including abuse, neglect or fraud. Be kind & helpful to those with signs of dementia and/or risk, connecting them to needed support and assistance.
- Complete a brief Gatekeeper training to finalize becoming a Purple City Alliance Member. As a Gatekeeper, you will help facilitate the Purple City Alliance of Redding initiative for the overall safety, health and wellness of elders, disabled adults, as well as their caregivers.

As a Purple City Alliance of Redding Member:

- ◆ Receive a quarterly Purple Alliance City of Redding Newsletter
- ◆ Receive a Purple City Alliance City of Redding Member Certificate
- ◆ Receive a Purple City Alliance of Redding Window Decal
- ◆ Listed on ShiningCare's Purple City Alliance of Redding Webpage

Application Completion Date:

Training Completion Date

Your commitment to the betterment of our community is commendable. Thank you for becoming a Purple City Alliance of Redding Member and for your dedication to help our community thrive.

Owner/President Signature

Date

Executive Director, ShiningCare Signature

Date

Please list employees name and email below (they will receive our quarterly newsletter)

Name	Email Address

Notes: