



## OAKTOWN PEN PAL PROGRAM APPLICATION

### Downtown Oakland Senior Center

200 Grand Avenue, Oakland, CA 94610

*"Celebrating 39 Years of Vibrant Living"*

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

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

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

#### By completing and signing this application, you are agreeing to:

- Sharing your address with your pen pal.
- Keeping your pen pal a secret (we are only providing initials of your pen pal).
- Writing 5 letters over the next 10 weeks (1 letter every 2 weeks).
- Addressing the writing prompts that will be provided upon joining.
- Notifying the Center if you are no longer interested.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**\*\*\* FOR OFFICE USE ONLY\*\*\***

Pen Pal Match: \_\_\_\_\_

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

Contact #: \_\_\_\_\_

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

**Please return form by Mail at:**  
200 Grand Ave., Oakland 94610  
**EMAIL:** DOSC@oaklandca.gov **PH:** (510) 238-3284