



# DOWNTOWN OAKLAND SENIOR CENTER

200 Grand Ave ▪ Oakland, CA ▪ 94610 | (510) 238-3284 | dosc@oaklandca.gov  
 Website: <https://www.oaklandca.gov/topics/downtown-oakland-senior-center>

## MEMBERSHIP REGISTRATION - \$12.00 ANNUAL FEE

*All information provided is used for member communication or in the event of an emergency.*

| PERSONAL INFORMATION (PLEASE PRINT)  |   |   |  |   |
|--|---|---|--|---|
| First Name   | MI  | Last Name   |  |   |
| Do you have a different name you prefer?   |   |   |  |   |
| Mailing Address  | Apt #   | City  | State                                      | Zip   |
| Home Phone:<br>( )   | Cell Phone:<br>( )  | Birthdate (mm/dd/yyyy):   |  |   |
| Email: @   |   |   |  |   |
| 1 <sup>st</sup> Emergency Contact  |   | 2 <sup>nd</sup> Emergency Contact   |  |   |
| Name:  |   | Name:   |  |   |
| Relationship:  | Phone   | Relationship:   | Phone:                                     |   |
| In the event of an emergency are there any medical conditions we should be aware of? (Heart conditions, allergies, etc):   |   |   |  |   |
| Hospital Preference:   | Do you need an access or functional needs accommodation? (ex: wheelchair, caregiver, etc.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list</i> |   |  |   |
| Language <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other |   |   |  |   |
| DEMOGRAPHICS: <i>Used only for statistical reporting or grant applications.</i>  |   |   |  |   |
| Race/Origin: <i>Check all that apply</i>   |   |   |  |   |
| <input type="checkbox"/> American Indian/Alaska Native   | <input type="checkbox"/> Caucasian  | <input type="checkbox"/> Other: _____   |  |   |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Hispanic/Latino/a/x  | <input type="checkbox"/> Declined/Not Stated                                      |  |   |
| <input type="checkbox"/> Black/African-American  | <input type="checkbox"/> Native Hawaiian or Pacific Islander  |   |  |   |
| Gender   | <input type="checkbox"/> Female   | <input type="checkbox"/> Transgender  | <input type="checkbox"/> Gender Non-binary |   |
|  | <input type="checkbox"/> Male   | <input type="checkbox"/> Genderqueer  | <input type="checkbox"/> Declined-to-State | <input type="checkbox"/> Other: _____   |
| DO YOU RECEIVE MEDI-CAL? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | DO YOU RECEIVE MEDICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| Annual Income  | <input type="checkbox"/> \$0-25k  | <input type="checkbox"/> \$26k-35k  | <input type="checkbox"/> \$36k-45k         | <input type="checkbox"/> \$46k-60k <input type="checkbox"/> \$61k-75k <input type="checkbox"/> \$76k-90k <input type="checkbox"/> \$90k + |
| VOLUNTEER OPPORTUNITIES  |   |   |  |   |
| Interested in volunteering at the Center? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |  |   |
| <i>Interests:</i> <input type="checkbox"/> Travel <input type="checkbox"/> Special Events <input type="checkbox"/> Reception <input type="checkbox"/> Lunch Program <input type="checkbox"/> Consignment Shop      |   |   |  |   |
| MEMBER'S SIGNATURE:  |   |   |  | DATE:   |
| <i>By my signature, I acknowledge that I have read, understand, and agree to the City of Oakland Code of Conduct, Covid Health Waiver, and DOSC Parking Policy and Procedures.</i>                                 |   |   |  |   |
| ***FOR OFFICE USE ONLY***  |   |   |  |   |
| Step 1: Costs  |   | Step 2: Payment Options   |  | Step 3: MySeniorCenter (MSC)  |
| MEMBERSHIP   | \$ 12.00  | <input type="checkbox"/> CASH <input type="checkbox"/> CHECK: _____               |  | KEY TAG #   |
| 2022 PARKING PERMIT  | \$ 8.00<br><i>Optional</i>  | <i>Made payable to: City of Oakland</i>   |  | PARKING PERMIT & EXP  |
| DONATION   | \$  | Tax Deductible Donations made payable to: OPRF                                    |  | LICENSE PLATE #   |
| TOTAL DUE  | \$  | Rcvd BY:  | DATE:                                      | MSC COMPLETED:<br>(INITIALS & DATE)   |